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(Business Entity Name)

(Document Number)

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2016 NOV 15 PM 2:53
FILING OFFICE
TALLAHASSEE, FLORIDA

Nikolas Balseiro
SunGhosts
9825 SW 83 St.
Miami, FL 33173

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

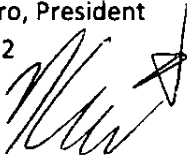
To Whom it May Concern:

This letter serves to notify you that we give permission to release the corporation name SunGhosts, Inc. so that we can file for a new one under the same name. We have no intention of reinstating the previous corporation SunGhosts, Inc., Document # P15000095889. (Please see attached).

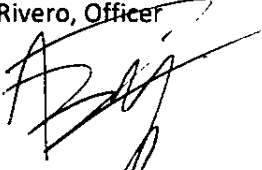
Your cooperation is greatly appreciated. Please contact us if you have any questions.

Sincerely,

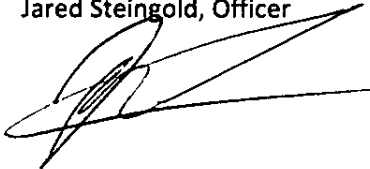
Nikolas Balseiro, President
(786) 556-2172



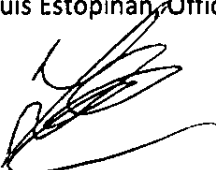
Arminio Rivero, Officer



Jared Steingold, Officer



Luis Estopinan, Officer



2016 NOV 15 PM 2:53
TALLAHASSEE, FL 32314

State of Florida • Department of State
Certificate of Administrative Dissolution or Revocation

SUNGHOSTS, INC. having failed to file its 2016 annual report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 23, 2016.

Document # P15000095889

Given under my hand and the Great Seal
of the State of Florida, at Tallahassee, the
Capital, this 23rd day of September, 2016.

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SunGhosts Inc.

SUBJECT: _____

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Nikolas Balseiro
Name (Printed or typed)
9825 sw 83rd st
Address
Miami, FL 33173
City, State & Zip
(786)556-2172
Daytime Telephone number
SunGhosts@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

SunGhosts Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

9825 sw 83rd st

Miami, FL 33173

Mailing address, if different is:

ARTICLE III PURPOSE

Any and all lawful business.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nikolas Balseiro (President)

Address: 9825 sw 83rd st

Miami, FL 33173

Name and Title: Arminio Rivero III (Officer)

Address: 14860 sw 72nd ter

Miami, FL 33193

Name and Title: Jared Steingold (Officer)

Address: 7751 sw 185th st

Cutler Bay, FL 33157

Name and Title: Luis Estopiñan (Officer)

Address: 15622 sw 62nd st

Miami, FL 33193

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____
Nikolas Balseiro
Address: _____
9825 sw 83rd st
Miami, FL 33173

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____
Nikolas Balseiro
Address: _____
9825 sw 83rd st
Miami, FL 33173

ARTICLE VIII EFFECTIVE DATE: January 1st, 2017

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/5/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/5/16
Date