

P17000031017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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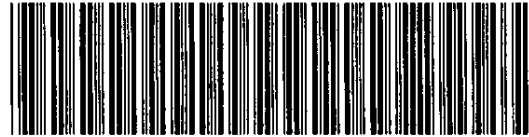
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 APR -3 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 06 2017

K. Brumbley

## COVER LETTER

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

SUBJECT: SUNSHINE AIR OF CHARLOTTE COUNTY INC  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: JAMES T BIRCHENOUGH  
Name (Printed or typed)

3151 Cooper St Unit #4  
Address

PUNTA GORDA FL 33950  
City, State & Zip

941-626-1575  
Daytime Telephone number

INFO@CAMPBELLSEA.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**

SUNSHINE AIR OF CHARLOTTE COUNTY INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3151 COOPER ST UNIT 4

PUNTA GORDA FL 33950

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All Lawful Business

**ARTICLE IV SHARES**

100  
The number of shares of stock is: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES T BIRCHENOUGH, PRESIDENT & TREASURER

Address: 3151 Cooper St Unit 4  
PUNTA GORDA FL 33950

Name and Title: LAUREN M BIRCHENOUGH, VICE PRESIDENT & SECRETARY

Address: 3151 Cooper St Unit 4  
PUNTA GORDA FL 33950

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: J. DAVID CAMPBELL, EA  
Address: 405 TAMIAMI TRAIL  
PUNTA GORDA FL 33950

**ARTICLE VII INCORPORATOR**

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

Name: JAMES T BIRCHENOUGH  
Address: 3151 Cooper St Unit #4  
PUNTA GORDA FL 33950


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/01/2017 (OPTIONAL)

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

03/22/2017  
\_\_\_\_\_  
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

3/22/2017  
\_\_\_\_\_  
Date