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October 18, 2017

Department of State Divisions of Corporations PO Box 6327 Tallahassee FL 32314

Re: SUNSHINE EXPOS, INC.

To whom it may concern:

Please find enclosed the Articles of Incorporation and check #1080 for processing regarding SUNSHINE EXPOS, INC. I, Barbara Cooper, President of Sunshine Expos, Inc, have no plans to reinstate this company but would like the Articles of Incorporation processed on as soon as possible. I understand the effective date will be for 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 561-866-6756

Sincerely,

Barbara Cooper,

President

Sunshine Expos, Inc.

Sunexpoi@aol.com

COVER LETTER

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

SUBJECT: SUNSH	INE EXPOS. INC				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM: BA	BARBARA COOPER Name (Printed or typed)				
118	SW 1ST AVENUE				
		Address			
DEI ——	DELRAY BEACH FL 33444				
	Ĉity.	State & Zip			
561	-866-6756				
	Daytime I	elephone number			
SUP	NEXPO@AOL.COM				
	E-mail address: (to be use	d 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)

CLE II PR	INCIPAL OFFICE		
Principal <u>street</u> address W 1ST AVENUE			Mailing address, if different is:
AY BEACH			
			
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rpose for which	th the corporation is organized is:		
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nber of shares	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS		
nber of shares	of stock is:  TIAL OFFICERS AND/OR DIRECTORS  PARPARA COOPER PRESENTATE	Name and Title	MONA HANNAN, TREASURFR
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Name and T	of stock is:  TLAL OFFICERS AND/OR DIRECTORS  itle: BARBARA COOPER, PRESIDENT  118 SW 1ST AVENUE  DELRAY BEACH FL 33444  KEVIN HAYNIE SECRETARY	Address: 	118 SW IST AVENUE DELRAY BEACH FL 33444
Name and T  Address	of stock is:  TLAL OFFICERS AND/OR DIRECTORS  BARBARA COOPER, PRESIDENT  118 SW 1ST AVENUE  DELRAY BEACH FL 33444  LE: KEVIN HAYNIE, SECRETARY  118 SW 1ST AVENUE	Address: Name and Title	118 SW IST AVENUE DELRAY BEACH FL 33444
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Name	and Title:	Name and Title:
Addre		
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	ANTHONY G COLEMAN IR	·•
Address:	4171 W HILLSBORO BLVD, STE 8	— CT OCT
	COCONUT CREEK FL 33073	21
ARTICLE VII	<u>INCORPORATOR</u>	17 dCT 24 PH 3: 06
The name and	address of the Incorporator is:	OF THE PROPERTY OF
Name:	BARBARA COOPER	**
Address:	118 SW 1ST AVENUE	_
11000	DELRAY BEACH FL 33444	<del>-</del>
Effective date, i (If an effective filing.)		not be more than five days prior or 90 days after the
Note: If the dat he document's	e inserted in this block does not meet the applicable effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.
Having been na his certificate, I	med as registered agent to accept service of processing families with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
		1/20/1
	Required Signature/Registered Agent	
stibuli this do locument to the	cument and affirm that the facts stated herein as Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
Regu	ired Signature/Incorporator	10/20/17
- 1	• · · · · · · · · · · · · · · · · · · ·	Date