

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SUNSHINE GARDEN ACCESSORIES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2018 FEB 15 PM 4:15

OFFICE OF THE CLERK
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TALLAHASSEE, FLORIDA

2018 FEB 15 AM 8:53

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FEB 16 2018

K. Brumbley

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Sunshine Garden Accessories inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9021 sw 57 terr Miami, FL
33173**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jason Freeman wright (P)SECRETARY OF STATE
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jason Freeman Wright
9021 sw 57 Terr.
Miami FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jason Freeman wright
9021 sw 57 Terr
Miami FL 33173

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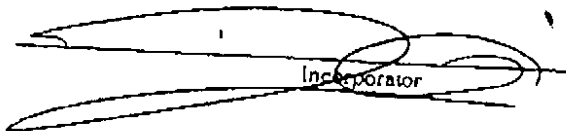
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Required Signatures:

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


Registered Agent
2/15/18
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.


Incorporator
2/15/18
Date

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