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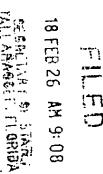
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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

SUBJECT:	Sunbirds I		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origin	al and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fce	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
from:	ean V. Hinge	(Printed or typed)	
_9	115 Frank A	Address	
Ft.	Myers, FL.	33967 State & Zip	
_2	39 - 340 - 5 Daytime T	100 elephone number	
	wha ssup 6	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)

ne name of the corporation shall be:	Ands Ine Sunbirds SW	FI
Principal street address	Mailing address, if different is:	
5291 S. Malland L	Ln. Bin 986	
4 Myers FL 3391	3 Estero, 12 339	29
RTICLE III PURPOSE ne purpose for which the corporation is organize	red is: 10 ungage in any activitie	<u>: 5</u>
of hosiness perm	nitted under the laws of	the
United States an	ud the State of Florida,	
····		
		
		
RTICLE IV SHARES he number of shares of stock is: / O()	sherrs.	
Name and Title: President	بسهب	
	11 1	ac can
9115 Francis		7 ·
Ft Myers,	FL 33961 Et Myers, FL.	339L
Name and Title:	* 11h	
Address	Address:	<u>-Ti</u>
	<u> </u>	<u> </u>
		3
Name and Title:		
Address	Address:	
		

Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT				
Name: Decriptor V. Hisotrinaccoptable) of	the registered agent is:			
Address: 9115 Frank Rd				
17 Myers, FL 33767	18 FEB			
ARTICLE VII INCORPORATOR	26			
The <u>name and address</u> of the Incorporator is:				
Name: Describering Address: 9115 Frank Rd.	1 9: 08			
Address: 9115 Frank Rd.	08			
Ft Mye1.5 FL 33%				
ARTICLE VIII EFFECTIVE DATE:	CONTIONAL			
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot filing.)	be more than five days prior or 90 days after the			
Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as			
Having been named as registered agent to accept service of process, this certificate, I am familiar with and accept the appointment as regi				
Required Signature/Registered Agent	2-5-13 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				
Required Signature/Incorporator	$\frac{Z - S \cdot /S^2}{Datc}$			
d	Date			