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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
CORPORATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
SUNSHINE LAND CARE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: SUNSHINE LAND CARE INC.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
15801 SURFBIRD COURT
MASCOTTE, FL 34753

Mailing address, if different is:
15801 SURFBIRD COURT
MASCOTTE, FL 34753

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEWAN TAHAL/PRESIDENT
Address: 15801 SURFBIRD COURT
MASCOTTE, FL 34753

Name and Title: _____
Address: _____

Name and Title: VICKRAM TAHAL/VP
Address: 15801 SURFBIRD COURT
MASCOTTE, FL 34753

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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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: JEWAN TAHAL
Address: 15801 SURFBIRD COURT
MASCOTTE, FL 34753

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEWAN TAHAL
Address: 15801 SURFBIRD COURT
MASCOTTE, FL 34753

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ARTICLE VIII EFFECTIVE DATE:

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

(X) Jewan Tahal
Required Signature/Registered Agent

6-1-18
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.

(X) Vickram Tahal
Required Signature/Incorporator

6/1/18
Date