

P190000 79472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

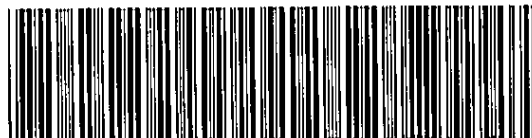
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10 OCT 10 12 18 19

J DENNIS
OCT 24 2019

AFFIDAVIT

19 OCT 10 4 10 52

BEFORE ME, the undersigned authority, on this day personally appeared **CARMEN M. TORRES**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **MIAMI SUNSHINE GROUP, TOURS, ADVENTURES AND EVENTS, CORP.**, a Florida corporation to be filed with the Florida Department of State on or about **October 1, 2019**.
2. The undersigned hereby consents to and authorizes the use by **MIAMI SUNSHINE GROUP, TOURS, ADVENTURES AND EVENTS, CORP.** of the name **MIAMI SUNSHINE GROUP, TOURS, ADVENTURES AND EVENTS, CORP.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

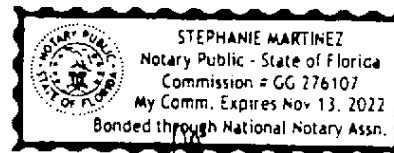
FURTHER AFFIANT SAYETH NAUGHT.

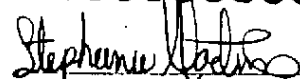

CARMEN M. TORRES

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Carmen M. Torres, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 1st day of October, 2019.




Notary Public Signature

COVER LETTER

79 OCT 10 4 10 PM '97

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

SUBJECT: MIAMI SUNSHINE GROUP, TOURS, ADVENTURES AND EVENTS, CORP.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: STEPHANIE MARTINEZ

Name (Printed or typed)

81801 NW 36 ST, SUITE 406

Address

DORAL FL, 33166

City, State & Zip

305-406-3800

Daytime Telephone number

ATPLUS@LIVE.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

The name of the corporation shall be: MIAMI SUNSHINE GROUP, TOURS, ADVENTURES AND EVENTS, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2440 SE 12TH CT

2440 SE 12TH CT

HOMESTEAD FL 33035

HOMESTEAD FL 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARMEN M. TORRES P

Name and Title: CYNTHIA M. TORRES T

Address 2440 SE 12TH CT
HOMESTEAD FL 33035

Address: 2440 SE 12TH CT
HOMESTEAD FL 33035

Name and Title: HUMBERTO TORRES JR S

Name and Title:

Address 2440 SE 12TH CT
HOMESTEAD FL 33035

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

19 OCT 10 4:10:52

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: CARMEN M TORRES

Address: 2440 SE 12TH CT

HOMESTEAD FL 33035

ARTICLE VII INCORPORATOR

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

Name: CARMEN M TORRES

Address: 2440 SE 12TH CT

HOMESTEAD FL 33035

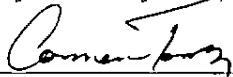
ARTICLE VIII EFFECTIVE DATE:

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 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

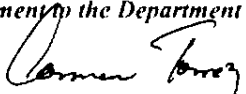


Required Signature/Registered Agent

10/01/2019

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

10/01/2019

Date