## P20000016829

(Red	questor's Name)	·
(Add	iress)	<u>·</u>
		•
(Add	Iress)	
,	·	
(City	/State/Zip/Phon	e #)
•	·	,
PICK-UP	MAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	cument Number	\
(		,
Certified Copies	Certificate	s of Status
Dertined Copies	Certificate	3 Of Otates
Special Instructions to F	iling Officer:	
•-		
	Office Use Or	nlv



900341049109

02/25/20--01010--009 \*\*70.00

C RICO FEB 2 5 2020



20 FEB 25 PM 2: 07

OBJET STATE TO YRATELISTED STATE STATESTON OF SORPORATIONS

## **COVER LETTER**

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

SUBJECT: Su	skine State Roofin	né Constructio	n ilnc.
	(PROPOSED CORPORA	YPE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	la check for:
\$\frac{1}{2}\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status  PY REQUIRED
	Kewn Hogan Name 15580 Sunray Tallahasee 7 City, Daytime T	Road Address  L. 37309 State & Zip  - 7663 Telephone number	
	CAPIA INKEVIN HOC E-mail address: (to be used	CAN O GMa · / v Co/	otification)

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 NAMI The name of the corpora	tion shall be: Sunshine &	tate Ronfing &	Construction	elnc.
ARTICLE II PRIN 15580 SUNR TALLAHASSEE	<u>CIPAL OFFICE</u> Principal <u>street</u> address	i o	lailing address, if differe	
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:/_	Cooping & Cons	truction	
				20 FI
		$\overline{I}$ . A		LON OF CORFORATION EB 25 PM 2: 07
Address	15580 Sumay Ko Tallahassee, Fl 3230 J	Address: _		
Name and Title Address	Keven Hogger Vive P. 15580 Sunny R Tallahasse, Fil 32309	d Address:		
Name and Title	; <u> </u>	Name and Title:_		
Address				

Name and Title:	Name and Title:
Address	Address:
<del></del> -	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:
Name: Kevin Hogan	
Address: 15580 Burrey	Rd.
Jul, 11. 323	<u>'6 9</u>
ARTICLE VII INCORPORATOR	) FCB
The <u>name and address</u> of the Incorporator is:	25
Name: Keven Hogen	
Address: 15580 Barrey 721 32	1 Rd 2:07
	. (OPTIONAL) ic and cannot be more than five days prior or 90 days after the
Mote: If the date inserted in this block does not meet the document's effective date on the Department of Sta	ne applicable statutory filing requirements, this date will not be listed as ate's records.
Having been named as registered agent to accept service certificate. I am familiar with and accept the appointme.	e of process for the above stated corporation at the place designated in this ont as registered agent and agree to act in this capacity
M	25 Feb. 2020
Required Signature/Registered  I submit this document and affirm that the facts stated	d Agent Date  d 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	Date 25 Fel 2020
//	