Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000173495 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6381

C RICO

JUN 0 9 2020

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 Phone

: (305)552-5973 : (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.\*\*

tmad 1	Address:	•
FESTI	Aggress:	

## FLORIDA PROFIT/NON PROFIT CORPORATION SUNSHINE TEXTILES CORP

Certificate of Status	0
Certified Copy	11
Page Count	03
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:		
SUNSHINE TEXTILES CORP		
ARTICLE II PRINCIPAL OFFICE:		-
The principal street address and mailing address is:		
1915 BRICKELL		
SUITIE C-1402		
SUITIE C-1402 MIAMI FL 33129		
ARTICLE III SHARES: The number of shares of stock is: //000	<b></b> ·	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
ARTURO ALCANTARA (President)		
	20	AK
	HIT.	15.05 15.05 15.05
	-9	7
	計二	3.60 3.40 3.40 3.40 3.40 3.40 3.40 3.40 3.4
	= 2	
	23	तेषु स्त्री 
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is	l;	
ARTURO ALCANTARA		
199 Ocean LN Da #108		
KEY BIECAUNE FL 33149		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	•	
ARTURO ALGANTARA		
199 Deegn LNDR # 108		
V-1 Bicar 1 = 51 = 31/6		

## Required Signatures:

3052201440

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

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.