

Florida Department of State

P21000228573

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (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.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TROPICAL SUNNY CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

6/11/21
SP
RECEIVED
JUN 10 PM 1:56
2021 JUN 10 AM 8:45

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

ARTICLE I NAME: The name of the corporation is:

TROPICAL SUNNY CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8251 NW 70th ST

MIAMI, FL 33166

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

MARIA GRACIA AVILA PRESIDENT

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARIA GRACIA AVILA

8251 NW 70th ST

MIAMI, FL 33166

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MARIA GRACIA AVILA

8251 NW 70th ST

MIAMI FL 33166

Required Signatures:

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

Mañá Gracia Anbal.

Registered Agent

06/08/2021
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.

Mañá Gracia Anbal.

Incorporator

06/08/2021
Date

2021 JUN 10 PM 1:36
FILE