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 Florida Department of State
 Division of Corporations
 1111 Washington Street

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.

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To:

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

From:

Account Name : GONZALEZ & ASSOCIATES III PA
 Account Number : I20190000077
 Phone : (954)773-7286
 Fax Number : (954)526-8825

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

Email Address: AGONZALEZ@AMEFINANCIALGROUP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
 SUNSHINE FLORIDA DISTRIBUTORS, CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

JUL 12 2021

T. SCOTT

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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July 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GONZALEZ & ASSOCIATES III PA

SUBJECT: SUNSHINE INTERNATIONAL CORP
REF: W21000098324

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza
Regulatory Specialist II
New Filings

FAX Aud. #: B21000263956
Letter Number: 821A00015715

COVER LETTER

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

SUBJECT: SUNSHINE FLORIDA DISTRIBUTORS, 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: ANTONIO GONZALEZ
Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 107
Address

WESTON, FL 33326
City, State & Zip

954-773-7286
Daytime Telephone number

AGONZALEZ@AMEFINANCIALGROUP.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAMEThe name of the corporation shall be: SUNSHINE FLORIDA DISTRIBUTORS, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
1820 N CORPORATE LAKES BLVD SUITE 107
WESTON, FL 33326Mailing address, if different is:
SAME AS PRINCIPAL ADDRESS**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: EMSA USA LLC - PRESIDENTAddress: 1820 N CORPORATE LAKES BLVD SUITE 107
WESTON, FL 33326Name and Title: CBD FLA INC - V PRESIDENTAddress: 2973 WEST STATE ROAD 434 STE 200
LONGWOOD, FL 32779Name and Title: AQUA VITA INC - V PRESIDENTAddress: 2973 WEST STATE ROAD 434 STE 200
LONGWOOD, FL 32779

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF CIRCUIT
JUDICIAL CIRCUIT
PALM BEACH COUNTY
FLORIDA

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Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: GONZALEZ & ASSOCIATES III PAAddress: 1820 N CORPORATE LAKES BLVD SUITE 107WESTON, FL 33326**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: GONZALEZ & ASSOCIATES III PAAddress: 1820 N CORPORATE LAKES BLVD SUITE 107WESTON, FL 33326**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

ANTONIO GONZALEZ

Required Signature/Registered Agent

07/07/2021

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.

ANTONIO GONZALEZ

Required Signature/Incorporator

07/07/2021

Date

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