

12/27/21, 3:15 PM

Division of Corporations

P21000105574

Florida Department of State
Division of Corporations
From: Filing Center

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.

(((H210004687833)))



H210004687833ABC6

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 : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

RECEIVED

2021 DEC 27 PM 4:26

**FLORIDA PROFIT/NON PROFIT CORPORATION
BOCA SUN ASSOCIATES, INC.**

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

T. SCOTT**DEC 28 2021**[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profiling)

ARTICLE I NAMEThe name of the corporation shall be: Boca Sun Associates, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address1880 N. Congress Ave., Suite 210Boynton Beach, Florida 33426

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which
corporations may be organized under the Florida Business Corporation Act, provided that the
corporation is not formed to engage in any act or activity requiring the consent or approval of any state
official, department, board, agency or other body without such consent or approval first being obtained.

ARTICLE IV SHARESThe number of shares of stock is: 10,000,000, no par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Manish Hirapara, Director & President

Name and Title: _____

Address 1880 N. Congress Ave., Suite 210

Address: _____

Boynton Beach, Florida 33426

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

21 DEC 27 PM 12:43
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/2011 BY 60322
UCBA

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: C T Corporation System

Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Manish Hirapara

Address: 1880 N. Congress Ave., Suite 210
Boynton Beach, Florida 33426

ARTICLE VIII EFFECTIVE DATE:

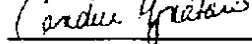
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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*

By:

C T Corporation System

Candice Pignataro, Assistant Secretary

Required Signature/Registered Agent

12/27/2021

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./s/ Manish Hirapara

Required Signature/Incorporator

December 27, 2021

Date