

D. O'KEEFE
FEB - 2 2022

COVER LETTER

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

SUBJECT: _____

SUNU PROPERTIES, INC.
(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: MAMADOU DEMBELE
Name (Printed or typed)

PO BOX 311512
Address

TAMPA, FL 33680
City, State & Zip

(813) 526-4319
Daytime Telephone number

mohadembele@hotmail.com
E-mail address: (to be used for future annual report notification)

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 NAME

The name of the corporation shall be: SUNU PROPERTIES, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

17480 Pinehurst Dr
Spring Hill, Florida 34606

PO Box 311512
Tampa, Florida 33680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate Investments
Buy, sell, Rent lease Real estate.

ARTICLE IV SHARES

The number of shares of stock is: 10000,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAMADOU DEMBELE manager/partner/President Name and Title:

Address: PO Box 311512 Address:
Tampa, FL 33680

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

FILED
2022 JAN 19 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MAMADOU DEMBELE
Address: 7480 PINEHURST DR
SPRINGHILL, FL 34606

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MAMADOU DEMBELE
Address: PO Box 311512
TAMPA, FL 33680

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TALLAHASSEE, FLORIDA

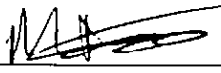
ARTICLE VIII EFFECTIVE DATE:

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

 MAMADOU DEMBELE 1/6/2022
Required Signature/Registered Agent 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.

 MAMADOU DEMBELE 1/6/2022
Required Signature/Incorporator Date