

P22000020036

3/18/22, 9:35 AM

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
SUNNY REAL HOME INC

Certificate of Status	0
Certified Copy	1
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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: SUNNY REAL HOME INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address19201 COLLINS AVENUE #820, SUNNY ISLES, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: REAL ESTATE AND ANY LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

AZARYA MASTOV, Pres

Name and Title:

Address

3248 NEPTUNE AVENUE
OCEANSIDE, NY 11572

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, 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: AZARYA MASTOV
 Address: 19201 COLLINS AVENUE #820
SUNNY ISLES, FL 33160

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: AZARYA MASTOV
 Address: 19201 COLLINS AVENUE #820
SUNNY ISLES, FL 33160

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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*Azarya Mastov

Required Signature/Registered Agent

3/16/2022

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.*Azarya Mastov

Required Signature/Incorporator

3/16/2022

Date