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.

(((H22000101748 3)))



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 : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

••Enter the email address for this business entity to be used for future $\stackrel{ op}{\Box}$ annual report mailings. Enter only one email address please. **

Smail	Address:	ANA@WHITEGOLDFINANCIAL.COM
CIMOTT	MULLI COO.	

FLORIDA PROFIT/NON PROFIT CORPORATION

SunState 26 Partnership Inc.

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

Electronic Filing Menu Corporate Filing Menu

Help

H22000101748

ARTICLES OF INCORPORATION

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

ARTICLE I	<u>NAME</u>	SunState	e 26 Partnership Inc.		
The name of the	e corporation si	hall be: SunStat	o zo r dranoromp mo.		
<u>ARTICLE II</u>	PRINCIPAL	OFFICE			
4045 SHERIE	Princ DAN AVE SU	ipal street address TE 211	Mailing addres	s, if different is:	
MIAMI BEAC	H, FL 33140				_
					-
					_
ARTICLE III	PURPOSE				
The purpose fo	r which the co	rporation is organized is: ANY LEGAL	OR LAWFUL PURPOSE		_
					-
			<u> </u>		_
					_
				_	
				SECKETARY OF STATE	_
				- C ~	
				AH AR	-11
				<u> </u>	
				333 € \	!
ARTICLE IV	SHARES	. 1 500 AT NO PAR VALUE		워팅 골	113
The number of	shares of stock	is: 1,500 AT NO PAR VALUE			
				I: 31 STATE LORID	
ARTICLE V	INITIAL OF	FICERS AND/OR DIRECTORS		Ş	
N 1	EST	HER ABECASSIS - PRESIDENT/DIRECTOR	AT A CONT.		
Name			Name and Title:		-
Addre	ess <u>404</u> !	S SHERIDAN AVE SUITE 211	Address:		
	MIA	MI BEACH, FL 33140			-
		MI DENOTI, LE 30140	·-		_
					-
> 1	4 TM		31		
Name	and little:		Name and True:		-
Addre	ess		Address:		
					_
	-	·			_
				· · · · · · · · · · · · · · · · · · ·	-
Name :	and Title:		Name and Title:		_
Addre	>cc		Addroce:		
Audit					-
					_
			· · · · · ·		
					-

H22000101748

Name and T	itle:	Name and Title:			
Address	-	Address:			
		_			
	GISTERED AGENT da street address (P.O. Box NOT acceptable)	of the registered agent is:			
	ACOB ABECASSIS				
Address:	1045 SHERIDAN AVE SUITE 211	_	F. 2		
<u> </u>	MAMI BEACH, FL 33140		2022 MAR 18 PM 1:30 SECKLIARY OF STATE ALLAHASSEE. FLORID	T	
_			MAR 18 PM I		
ARTICLE VIL IN	CORPORATOR		8 E	τ-	
The name and addr	ess of the Incorporator is:		F 3	_	
Name:	ESTHER ABECASSIS		PH 1: OF STAI E. FLOR	- سـ	
Address:	4045 SHERIDAN AVE SUITE 211	<u> </u>	80 80 EEE 80		
	MIAMI BEACH, FL 33140				
ARTICLE VIII E	FEECTIVE DATE.				
	er than the date of filing:) 		
(If an effective date filing.)	is listed, the date must be specific and car	not be more than five days pr	rior or 90 days after the		
	erted in this block does not meet the applical ctive date on the Department of State's record		s, this date will not be listed as		
Having been named certificate, I am fam	as registered agent to accept service of proces iliar with and accept the appointment as regis	s for the above stated corporatio tered agent and agree to act in t	on at the place designated in this this capacity		
	The same of the sa		MARCH 16, 2022		
Required Signature/Registered Agent JACOB ABECASSIS			Date		
	ent and affirm that the facts stated herein a artment of State constitutes a third degree fel				
Esther	Abrains		MARCH 16, 2022		
Required Signature/	ncorporator ESTHER ABECASSI	S	Date		