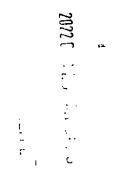
P22000093393

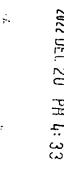
(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cı	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
∠d Copies	_ Certificates	of Status
al Instructions to	Filing Officer:	
	Office Use Onl	



100398329351



10/21/77 - 31/02--805 **70.00



COVER LETTER

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

SUBJECT: 5	Inshine Caterin	g & Event ENAME-MUSTINCLU	Staffing Inc. DESUFFIXO		
Enclosed are an origi	inal and one (1) copy of the artic	les of incorporation and	a check for:		
\$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL COR	PY REQUIRED		
FROM:	Mayela P-	(Printed or typed)	_ 		
<u>/</u>	200 Brickell	Ave Steet ddress	+1837		
	Miami, F.	/ 33/3/ State & Zip			
786-813-8831 Daytime Telephone number					
	Info @ sunshinet E-mail address: (to be used	for future annual report no	tification)		

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)

The name of the corpora	tion shall be: Sunshine Ca	taring	i Event S	taffing Inc.
RTICLE II PRINCIPAL OFFICE Principal street address		<i>J</i>	Mailing as	ddress, if different is:
12 UU Brick	ell Ave Svite 1827	-		
Minni, FI	33/3/	_		
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is: For	Ang	and ALC	Lawf-1
_ buiness				
	<u> </u>			
				
ARTICLE IV SHARE The number of shares of	ES stock is: 100			2
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS			° 2022 E
	Ketileydis Rivero			0.1
Address	1707 NW 15451	Address	<u></u>	<u> </u>
	Apt # 6	_		
	Minni F()2135			r .
Name and Title:	Mayela Moran - Sec	Name a	nd Title:	
Address	1200 Brickell Ave	Address	::	
	Suite 1827			
	Miami, F1 33131	_		
Name and Title:		Name ar	nd Title:	
Address		Address	<u> </u>	
		_		
				222

Name and	i Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Mayela Moran		
Address:	1200 Brickell Ave Suite 18	32	2022 E
	Mani, F1 33131		20
ARTICLE VII	<u>INCORPORATOR</u>		r r
The name and ac	Idress of the Incorporator is:	Ę	,
Name:	Ketileydis Rivers	· ·	·
Address:	1707 NW 1515 St Apt+	<i>‡</i> 6	_
	Minni, F1 33125		
(If an effective of filing.) Note: If the date	other than the date of filing: 13/3/2 13	be more than five days prior or 90 o	
Having been nan certificate, I am J	ned as registered agent to accept service of process fo Camiliar with and accept the appointment as registere	r the above stated corporation at the pla ed agent and agree to act in this capacit	ice designated in this
-	· · I-	12/	Date
	Required Signature/Registered Agent		Daic
I submit this document to the	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the false inform as provided for in s.817.155, F.S.	ation submitted in a
	Killing In Rivers	12,	13/20
Required Signatu	fe/Incorporator	Date	

. . .