

2/16/23, 3:48 PM

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**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.**

((H23000061907 3)))



H230000619073ABC

**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 : 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.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Sunlight Marketing Corp**

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

AS

(((1123000061907 3)))

**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: Sunlight Marketing Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8130 Glades Rd #345Boca Raton, FL 33434**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Roman Koyrakh

Name and Title: \_\_\_\_\_

Address 6887 Viento Way

Address: \_\_\_\_\_

Boca Raton, FL 33433

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Roman Koyrakh

Address: 6887 Viento Way

Boca Raton, FL 33433

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Roman Koyrakh

Address: 8130 Glades Rd #345

Boca Raton, FL 33434

**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*/s/ Roman Koyrakh02/15/2023\_\_\_\_\_  
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.*/s/ Roman Koyrakh02/16/2023\_\_\_\_\_  
Required Signature/Incorporator\_\_\_\_\_  
Date