

P24000069840

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SUNSHINE FOOD DISTRIBUTORS CO.**

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

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T.S.H
11/14/24

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

ARTICLE I NAMEThe name of the corporation shall be: SUNSHINE FOOD DISTRIBUTORS CO.**ARTICLE II PRINCIPAL OFFICE**Principal street address5417 SW 134th PLMIAMI, FL 33175

The principal

Mailing address, if different is:

5417 SW 134th PLMIAMI, FL 33175**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HARRY CARRASQUILLO - P

Address

5417 SW 134th PLMIAMI, FL 33175

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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:

Effective
 (Name): HARRY CARRASQUILLO
 (Address): 5417 SW 134th PL
 (City): MIAMI, FL 33175

ARTICLE VII INCORPORATOR

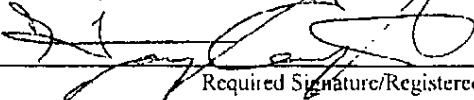
The name and address of the Incorporator is:

Name: HARRY CARRASQUILLO
 Address: 5417 SW 134th PL
MIAMI, FL 33175

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/01/2025 (OPTIONAL)

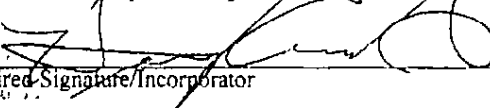
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*


 Required Signature/Registered Agent

11/13/24
 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.


 Required Signature/Incorporator

11/13/24
 Date

ARTICLE

The purpose

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