

Florida Department of State
Division of Corporations
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HH 12.9.24

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SECRETARY OF STATE
TALLAHASSEE, FL

To:

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

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

*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
SUNNY AND RECOVERY Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

24 DEC -6 AM 3:35

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SECRETARY OF STATE
CORPORATIONS

HH

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 AND RECOVERY Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
8270 Woodland Center Blvd ste 127
Tampa, FL 33614Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Marketing

_____**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RUSTAM ABDAEV, President

Name and Title: _____

Address 8270 Woodland Center Blvd ste 127
Tampa, FL 33614Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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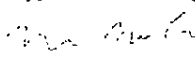
Name and Title: _____ Name and Title: _____

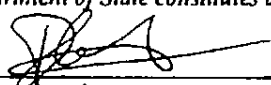
Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Vcorp Agent Services, Inc.
Address: 1200 South Pine Island Road Plantation,
FL 33324FILED
CLERK OF STATE
CORPORATIONS
24 DEC -6 AM 3:35**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: RUSTAM ABDAYEV
Address: 8270 Woodland Center Blvd ste 127
Tampa, FL 33614**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*By: Vcorp Agent Services, Inc. 

Required Signature/Registered Agent
Date 12/5/2024*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
Date 12/06/2024