

P950000 20246

Paula E. Speller  
(Requestor's Name)  
1044-A Thompsonville Rd.  
(Address)  
Tallahassee FL 32303  
(City, State, Zip) (Phone #) 224-1345

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OFFICE USE ONLY

FILED  
95 MAR 13 PM 3:32  
TALLAHASSEE, FLORIDA  
SECRET

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SUNSHINE COPIES, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/> Profit	
<input type="checkbox"/> NonProfit	
<input type="checkbox"/> Limited Liability	
<input type="checkbox"/> Domestication	
<input type="checkbox"/> Other	

AMENDMENTS	
<input type="checkbox"/> Amendment	
<input type="checkbox"/> Resignation of R.A., Officer/Director	
<input type="checkbox"/> Change of Registered Agent	
<input type="checkbox"/> Dissolution/Withdrawal	
<input type="checkbox"/> Merger	

OTHER FILINGS	
<input type="checkbox"/> Annual Report	
<input type="checkbox"/> Fictitious Name	
<input type="checkbox"/> Name Reservation	

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/> Foreign	
<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Trademark	
<input type="checkbox"/> Other	

NANCY HENDRICKS MAR 13 1995

Examiner's Initials

ARTICLES OF INCORPORATION  
FOR  
SWANN COPING, INC.

FILED  
95 MAR 13 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber, ROGER L. SWANN, a natural person competent to contract, for the purpose of forming a corporation under the laws of the State of Florida, adopts the following Articles of Incorporation for such corporation:

ARTICLE ONE

The name of the proposed corporation is SWANN COPING, INC.

ARTICLE TWO

The corporation may engage in any activity or business permitted under the Laws of the United States and the State of Florida.

ARTICLE THREE

The total number of shares of stock which the corporation shall have authority to issue is Five hundred (500) shares, which shall all be common stock at a par value of one dollar.

ARTICLE FOUR

The amount of capital with which the corporation will begin business is Five Hundred Dollars (\$500.00).

ARTICLE FIVE

The corporation is to exist perpetually.

ARTICLE SIX

The initial address of the principal office of the proposed corporation in the State of Florida is: 133 Oak Street, #12, Tallahassee, Florida 32301.

ARTICLE SEVEN

The number of Directors of this corporation shall be two (2).

The names and street addresses of the members of the first Board of Directors, who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified are:

ROGER L. SWANN  
133 Oak Street, #12  
Tallahassee, Florida 32301


PATRICIA DEAN SWANN  
133 Oak Street, #12  
Tallahassee, Florida 32301

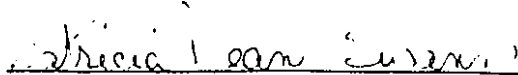
ARTICLE EIGHT

The name and address of the subscriber is as follows:

ROGER L. SWANN  
133 Oak Street, # 12  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, I have executed these Articles of Incorporation, in duplicate, this 27<sup>th</sup> day of February, 1995.

  
\_\_\_\_\_  
ROGER L. SWANN

  
\_\_\_\_\_  
PATRICIA DEAN SWANN

STATE OF FLORIDA

COUNTY OF LEON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County to take acknowledgements, personally appeared Roger L. Swann, who is personally known to me and who did/did not take an oath, *He did not take an oath, February 1998.*



MARY S. SYMON  
MY COMMISSION # CC380184 EXPIRES  
June 7, 1998  
BONDED THRU TROY FAIN INSURANCE, INC.

*Mary S. Symon*  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

STATE OF FLORIDA

COUNTY OF LEON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County to take acknowledgements, personally appeared Patricia Dean Swann, who is personally known to me or who has produced FDL # 3500-504-52-577-0 as means of identification, and who did/did not take an oath, *He did not take an oath, Feb. 26, 1998.*



MARY S. SYMON  
MY COMMISSION # CC380184 EXPIRES  
June 7, 1998  
BONDED THRU TROY FAIN INSURANCE, INC.


*Mary S. Symon*  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

STATE OF FLORIDA  
OFFICE OF SECRETARY OF STATE

The undersigned, having been designated as Agent for the service of process within the State of Florida, upon SWANN COPING, INC., a corporation organized and existing under the laws of the State of Florida, does hereby accept the appointment as such Agent for the above-named corporation. The location of the office of the resident agent of said corporation is: 1017-A Thomasville Road, Tallahassee, Florida 32303.

IN WITNESS WHEREOF, the name and seal of the said Resident Agent is hereunto offered at Tallahassee, Florida, this 2<sup>nd</sup> day of February, 1995.

  
PENELOPE E. SHELFER  
Resident Agent for  
SWANN COPING, INC.

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TALLAHASSEE, FLORIDA