Department of State Division of Corporations P. O. 6327 Tallahassee, FL 32314

SUBJECT: _S	(Proposed corporate	SALES name – must include su	
Enclosed is an original for:	inal and one (1) copy	of the articles of inco	provotion and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	S131.25 Filling Fee, Certified Copy & Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:	BARBARA DAVIS	
	Name (printed or typed)	800001791058 -04/23/9601140010
	BX 90091	*****78.00 *****70.00
	Garresulle, Tel 32607)
	City, State & Zip	74E 96
	Daytime Telephone Number	
		7 PH
		2: 02 PRIO:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 26, 1996

BARBARA DAVIS BOX 90091 GAINESVILLE, FL 32607

SUBJECT: SONSHINE SALES Ref. Number: W96000009020

We have received your document for SONSHINE SALES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Garrett Blanton Document Specialist

Letter Number: 096A00019990

Articles of Incorporation

•	
1. The name of the corporation shall be: *	SonShine Sales IN
2. The principal place of business and mai Bx 9009 (Gaines ville)	lling address of the corporation is: FL 32607
•	y to issue shares of stock.
4. The registered agent of the corporation registered street address is 8451 M. Florida 32652.	on is Bud DAVIS and the
5. The initial Board of Directors shall have is/are as follows: BARBARA D	1 member(*) whose name(s) and address(es
771 1 6 11 A 11 A 11 A 11 A 11 A 11 A 11	1 Language de la contraction del contraction de la contraction
The number of directors may be rais the corporation but shall in no case be less	ed or lowered by amendment of the bylaws of than one.
6. The incorporator of this corporation is address is 8451 N.C. 176 the	is BARBARA DAVIS whose street
Dated 4/13/96	Incorporator Barris
corporation at the place designated in this cregistered agent and agree to act in this c	to accept service of process for the above stated certificate, I hereby accept the appointment as apacity. I further agree to comply with the erand complete performance of my duties, and sof my position as registered agent.
Dated 4/13/96 4/13/96	Registered Agent St.
	

P96000039199

P96 000039199

BOX 90091 Gainesville, FL 32607 THE PROPERTY OF STREET

800002168088--1 -05/06/97--01105--023 *****35.00 *****35.00

RECEIVED 97 APR 16 AN 8: 17 DIVISION OF CORPORATIONS

RA Chg.

₹3 . MAY 5 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 24, 1997

SONSHINE SALES INC P.O. BOX 90091 GAINESVILLE, FL 32607

SUBJECT: SONSHINE SALES INC Ref. Number: P96000039199 RECEIVED

RECEIVED

17 Nor 30 No. 7: 21

17 Nor 30 No. 7: 21

We have received your document for SONSHINE SALES INC. However, the document has not been filed and is being returned for the following:

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filling fee of \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 597A00021118

Chech # 1343 Edand Rec'd 5/2 Dos

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

State of Florida.	er to change its registered office or registered agent, or both, in the
	SONSHINE SALES INC. 450 44
	P.O. BOX 90091
	GAINESVILLE, FL 32807
2. The mailing address of the corporation	on is:
3. Date of incorporation/qualification:	S/17/96 Document number: 593377>70 registered agent and office:
Bul DAV	75
	- 8451 NE 176th ALLA
	F1-32607 Williston F/3269:
•	istered agent and office: (P.O. Box Not Acceptable)
BARBA	12.A DAUS
	N-E. 1760 me
Willist	m PC 32692
The street address of its registered office agent, as changed, will be identical.	e and the street address of the business office of its registered
Such change was authorized by resolution the change was authorized by the board.	on duly adopted by its board of directors or by an officer so
Λ	
Signature of an officer, chairman or vice chairman	en of the board) (Date)
BANBAR	_
	(Printed or typed name and title)
laving been named as registered agent hereby accept the appointment as regi omply with the provisions of all statute and I am familiar with and accept the o	and to accept service of process for the above stated corporation, stered agent and agree to act in this capacity. I further agree to a relative to the proper and complete performance of my duties, bligation of my position as registered agent.
Grelia Days (Signature of Registered Agent)	4/25/95 (Date)
If signing on behalf of an entity:	

CR2E045(1/95)

FILING FEE: \$35.00