

9600090172

TRANSMITTAL LETTER

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

700001980677--0  
-10/18/96--01109-010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SONSHINE CORPORATION  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Louis G. Hilton  
Name (printed or typed)

6181 12th AVE S.W.  
Address

NALES, FLA. 33999  
City, State & Zip

(941) 352-8672  
Daytime Telephone number

FILED  
96 NOV - 1 PM 4: 04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 21, 1996

LOUIS G HILTON  
6181 12TH AVENUE S.W.  
NAPLES, FL 33999

SUBJECT: SONSHINE CORPORATION  
Ref. Number: W96000022350

We have received your document for SONSHINE CORPORATION and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6934.

AX - Loria Poole  
Corporate Specialist

Letter Number: 096A00048449

Please - resubmit as  
" SONSHINE of NAPLES CORPORATION "

Thank You  
Louis Hilton

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

FILED  
96 NOV 1 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: SONSHINE CORPORATION of Naples CORPORATION

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

NAPLES, FLA. - SONSHINE CORPORATION of Naples CORPORATION  
P.O. Box 9145  
NAPLES, FLA. 33941-9145

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Louis G. Hilton  
6181 12TH AVE SW  
NAPLES, FLA. 33999

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

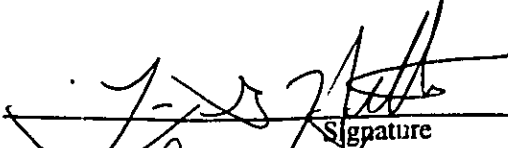
Louise Hilton PRES / Treasurer  
6181 12th AVE S.W., NAPLES, FLA., 33999

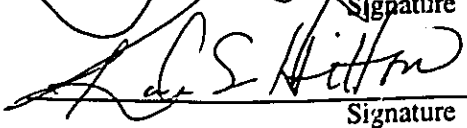
KARIN Hilton VICE. PRES / Secretary  
6181 12th AVE S.W., NAPLES, FLA., 33999

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of December, 19 95.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SONSHINE <sup>OF NAPLES</sup> CORPORATION

2. The name and address of the registered agent and office is:

LOUIS G. HILTON  
(NAME)

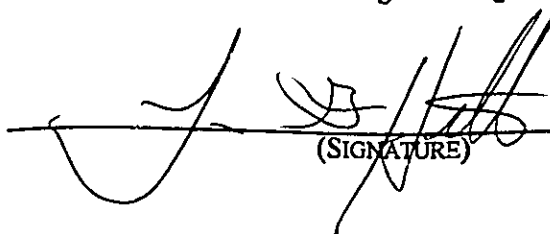
6181 12TH AVE S.W.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

NAPLES, FLA. 33999  
(CITY/STATE/ZIP)

96 NOV - 1 PM 4: 04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

1 - 1 - 96  
(DATE)