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Department of State				
Division of Corporation	ns		70	ု က
P. O. Box 6327				
Tallahassee, FL 32314	1		全	a a a a a a a a a a a a a a a a a a a
SUBJECT: S	Unshine Inv	estigations ate name amust include suff	ARY OF STATE ASSEE, FLORIDA	-8 M 8: 03
Enclosed is an original	and one(1) copy of the articles	of incorporation and a c	heck for :	1
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	■ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: _	Luis M. VILA Name (Pr	inted or typed)	-12/08/97 -12/08/97 ******78.75	01127023 ******78.75
	PO BOX 50	90126 address		e e
	Ft. Lauderda City,	<u>6 FL 33:</u> State & Zip	359_	
	(954) 968-518 Daytime To	30 elephone number		W.

QN 12-10-97

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Sunshine Investigations, Inc

EC -8 AN 8: 03 TARY OF STATE HASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

Po Box910126 F+ Lauderdale FL 33359

ARTICLE III SHARES

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

ONE

ARTICLE/IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LUIS M. VILA
GIISWICT

MARGATE FL 33068-1646

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LUIS M. VILA CAIL SW I CT

Signature/Incorporator

12/4/97

Date

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

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/Registered Agent

Date