## 80 AAAAA 304

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

SUNSHADES WINDOW TINTING INC
(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 **⁴**≨**1**\$78.75 Filing Fee & Certificate **□**\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

STANLEY JOSEPH KONCAR Name (Printed or typed) 6765 HARTLAND ST FORT MURS FIA 33912
City, State & Zip

941 643-6334 Daytime Telephone number

## 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.

Business Corporan	ion Act, hereby adopts the joubwing Afficies by theorp	<i>5, 4,1.5,</i> 1.
ARTICLE I	NAME	
The name of the	corporation shall be:	-
SUN:	SHADES WINDOW TINTING =	tnc,

ARTICLE II PRINCIPAL OFFICE

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

6765 HARTLAND ST

FT MYRS FIA 33917



ARTICLE III SHARES

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

100 SHARES AT \$ 1.00 PUR SHARE

ARTICLE IV	INITIAL REGIS	TERED AGENT	AND	STREET A	<u>ADDRESS</u>
The name and Flor	ida street address of th	e initial registered	igent ar	e:	

STANLEY JOSEPH KONCAK 6765 HARTLAND ST FT MYRS FLA 33912

ARTICLE V INCORPORATOR

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

STANLEY JOSEPH KONCAR 6765 HARTLAND ST FYMYERS FLA 33912

Stanley Koncey

4-7-98 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