## P9900022833

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

700002797507--0 -03/08/99--01093--008 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	Sunshine Countr (Proposed corpo	y Enterprises, In rate name - must include sui	C. Effix)
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a c	check for :
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Gary B. Klein Name (Printed or typed)  5434 Potter		99 SEC TALL
	A Sarasota, Florida	ddress 34232 state & Zip	MAR -8 PM 4: CRETARY OF STA

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

941/379-2582 or 352/597-7101 Daytime Telephone number

s. 3/11

## 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.

<b>ARTICLE</b>	I	NAME
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The name of the corporation shall be:

Sunshine Country Enterpris

ARTICLE II PRINCIPAL OFFICE

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

8242 Commercial Way Brooksville, FL 34613

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gary B. Klein 5434 Potter Sarasota, FL 34232

ARTICLE V INCORPORATOR

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

Gary B. Klein 5434 Potter

Sarasota, FL 34232

Signature/Incorporator

y B. Klein

Date

(An additional article must be added if an effective date is requested.  $\bar{)}$ 

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