

P99000071871
TRANSMITTAL LETTER

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

700002946077--4
 -07/30/99--01069--003
 *****78.75 *****78.75

SUBJECT: SUN FLORIDA CONNECTION
 (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: BENATE SCHOMAKER
 Name (printed or typed)

1770 S. OCEAN BLVD. # 602
 Address

PORTLAND BEACH FLORIDA 33062
 City, State & Zip

954 946 9753
 Daytime Telephone number

TRIED TO CALL, NO ANSWER (8/5/99)

FILED

99 AUG 12 PM 12:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

W99-18713

K. Rolfe AUG 05 1999

K. Rolfe AUG 12 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 5, 1999

RENATE SCHOMAKER
1770 S OCEAN BLVD
#602
POMPANO BEACH, FL 33062

SUBJECT: SUD FLORIDA CONNECTION
Ref. Number: W99000018113

We have received your document for SUD FLORIDA CONNECTION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the original and one copy of 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 (850) 487-6924.

Kimberly Rolfe
Corporate Specialist Supervisor

Letter Number: 699A00039671

FILED
99 AUG 12 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

SUN FLORIDA CONNECTION INC.

ARTICLE II PRINCIPAL OFFICE

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

1770 S. OCEAN BLVD. # 602
POMPAHO BEACH
FLORIDA 33062

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 address of the initial registered agent is:

KENATE SCHOMAKER
1770 S. OCEAN BLVD. # 602
POMPAHO BEACH
FLORIDA 33062

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):

RENAE SCHOMAKER
1770 S. OCEAN BLVD. # 602
PORTLAND BEACH
FLORIDA 33062

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

28 day of JULY, 19 99.

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

R. S.
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:

SUN FLORIDA CONNECTION
SUN FLORIDA CONNECTION INC.

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

RENALIE SCHOMAKER
(NAME)

1770 S. OCEAN BLVD. # 602
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

POM PANO BEACH FLA. 33062
(CITY/STATE/ZIP)

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.

R. S.
(SIGNATURE)

7/28/1999
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL

99 AUG 12 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED