

TRANSMITTAL LETTER

P990000 74795

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

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-08/16/99-01119-007
*****78.75 *****78.75

SUBJECT:

ALL SUN SERVICES INC.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 16 AM 9:29

FILED

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Michelle Holm
Name (Printed or typed)

4811 NE 12TH ST.
Address

Ocala, FL 34470
City, State & Zip

352-236-6977
Daytime Telephone number

F. CH. AUG 23 1999

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: ALL SUN SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

4811 NE 12th ST.
Ocala, FL 34470

ARTICLE III SHARES

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

25,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michelle Holm
4811 NE 12th ST.
Ocala, FL 34470

ARTICLE V INCORPORATOR

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

Michelle Holm
4811 NE 12th ST.
Ocala, FL 34470

Michelle Holm

Signature/Incorporator

8-13-99

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

Michelle Holm

Signature/Registered Agent

8-13-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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