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LAZARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SUNSHINE OIL & GAS PRODUCTS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
99 SEP - 1 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 SEP - 1 AM 11:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION
OF
SUNSHINE OIL & GAS PRODUCTS, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SUNSHINE OIL & GAS PRODUCTS, INC.

The principal address of this corporation shall be:

**1106 N.W. 129 PLACE
MIAMI, FL 33182**

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities for business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation. Certified Public Accountant.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is **100** shares of common stock have a par value of **\$1.00** per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be **1106 N.W. 129 PLACE, MIAMI, FL 33182** and the name of the initial registered agent of the corporation at that address **RAFAEL ALVEAR**.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

This corporation shall have officer(s) and Director(s), initially. The name and street address of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, of until his successor is elected or appointed are/is:

ASTRID ALVEAR
8521 S.W. 86 COURT
MIAMI, FL 33143

PRESIDENT

RAFAEL ALVEAR
1106 N.W. 129 PLACE
MIAMI, FL 33182

TREASURER

ARTICLE VII. SUBSCRIBER

The name and street address of the subscriber to these Articles of Incorporation is:

RAFAEL ALVEAR
1106 N.W. 129 PLACE
MIAMI, FL 33182

In WITNESS WHEREOF, the undersigned has hereunto set her hand and seal on this 31 day of **AUGUST, 1999.**

 (SEAL)

State of Florida

County of Dade

The foregoing instrument was acknowledged before me this _____
day of **AUGUST, 1999**, by

Notary Public, State of Florida at Large

My Commission Expires _____

**CERTIFICATE OF DESIGNATION
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:

SUNSHINE OIL & GAS PRODUCTS, INC.

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

RAFAEL ALVEAR

(Name)

1106 N.W. 129 PLACE

(P.O. Box NOT ACCEPTABLE)

MIAMI, FL. 33182

(City/State/Zip)

SIGNATURE *Astrid Alvear*
(Corporate officer)

TITLE *President*

DATE *8/21/99*

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. 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 *Alvear*

DATE *08-31-99*