P99000 88683

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

100003004011--6 Tallahassee, FL 32314 -10/04/39--01080--018 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 **□**\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

F. CHESSER OCT 7 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: Sundials Unlimited, I	Sign in
ARTICLE II PRINCIPAL OFFICE	ation shall be:
The principal place of business and mailing address of this corpor	ation shall be:
Goodsby Pointe Shopping Cent	er Da Day 1712-
Riverview FL 33569	PO BOX 1785
<u> </u>	Riverview FL 33568
ARTICLE III SHARES The number of shares of stock that this corporation is authorized t	
	o have outstanding at any one time is.
one hundred (100)	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent Debra Raffalle 12703 Wildbrook Dr	are:
RIVERVIEW TO 335LEY	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporator	
	corporation are:
Debra Kattaele	
12203 Wildbrook Dr	من المحمد
Riverview FL 33569	
Webra LRostaele	October 1,1999
Signature/Incorporator	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