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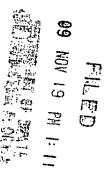
(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL .	
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(Document Number)			
Certified Copies	_ [*] Certificates	of Status	
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11/20-09

COVER LETTER

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

SUBJECT:	T: Sunny Hills Volunteer Fire Rescue Department Inc				
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLU</u> I	DE SUFFIX)		
	,				
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:		
\$70.00	✓ \$78.75	\$78.75	☐ \$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
	ı	ADDITIONAL CO	PY REQUIRED		
EDOM.	Mr. William Johnson				
FROM:	Name (Prin	ited or typed)	-		
4545 Hancock Ct Address					
Chipley Fl. 32428 City, State & Zip					
850-773-2088					
	Daytime Tek	phone number			

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Sunny Hills Volunteer Fire Rescue Department Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4545 Hancock Ct Chipley Fl. 32428

ARTICLE III PURPOSE

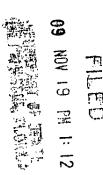
The purpose for which the corporation is organized is:

Fire Protection/Emergency Service

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Nomination Committee and by Vote



ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

William Johnson 4545 Hancock Ct Chipley Fl. 32428

Lynn Gothard P.O. Box Wausau Fl. 32463

Billy Hayes 1051 Lake retreat Dr. Chipley Fl. 32428

Karen Courtemanche 3951 Concord Blvd Chipley Fl. 32428 Director

John Michalski 3935 Linwood Dr, Chipley Ft. 32428

Chairman

Secretary/Treasurer

Director

Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

William Johnson

4545 Hancock Ct

Chipley Fl. 32428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William Johnson 4545 Hancock Ct. Chipley, Fl. 32428

Having been named as registered agent to accept service of process in this certificate, I am familiar with and accept the appointment a	s for the above stated corporation at the place designated
Milliant Jamson Signature/Registered Agent	11/17/2009 Date
William Johnson	
Signature/Incorporator	Date