

N11000008342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200211045652

09/02/11--01020--008 **87.50

FILED

11 SEP -2 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
9/6

COVER LETTER

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

SUBJECT: SONLAKE EAGLE SANCTUARY INC.
(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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CYNTHIA DAIGLE
Name (Printed or typed)

1430 ADAMS ST.
Address

HOollywood, FL 33020
City, State & Zip

954.610.7435
Daytime Telephone number

CYNDI.DAIGLE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: ~~Sonlake~~ SONLAKE EAGLE SANCTUARY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
400 SUNLAKE RD.
MELBOURNE, FL 32901

Mailing address, if different is:
~~SON~~ P.O. BOX 971
MELBOURNE, FL 32901-0971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO MAINTAIN AND PROTECT AN ACTIVE EAGLE NEST WHILE EDUCATING PEOPLE ON CONSERVATION EFFORTS FOR FLORIDA WILDLIFE AND ECOSYSTEMS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

DIRECTORS ARE APPOINTED BASED ON INDIVIDUAL CONSERVATION EFFORTS AND VOLUNTEER HOURS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	BRIAN DAIGLE, PRESIDENT	Name and Title:	
Address:	1430 ADAMS ST. HOLLYWOOD, FL 33020	Address:	

Name and Title:	CYNTHIA DAIGLE, VP OF OPS.	Name and Title:	
Address:	1430 ADAMS ST. HOLLYWOOD, FL 33020	Address:	

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

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

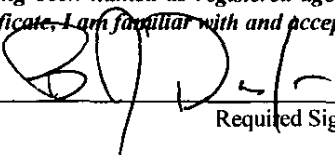
Name: BRIAN DAIGLE
Address: 1430 ADAMS ST.
HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CYNTHIA DAIGLE
Address: 1430 ADAMS ST.
HOLLYWOOD, FL 33020

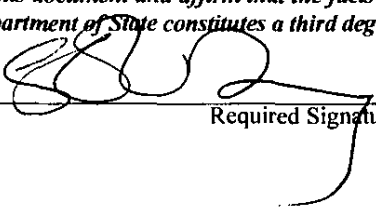
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

8/29/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

8/29/11
Date

FILED
11 SEP - 2 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA