N12000008493

(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



100239136671

08/31/12--01011--001 **70.00

\$2.000 PM 3:15





COVER LETTER

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

SUBJECT: Sonrise Charity, Inc.		
(PROPOSED CORPORATI	E NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate ADDITIONAL COPY REQUIRED	
FROM: Cynthia Delaparte	nted or typed)	
1637 RaceTrack Rd Suite 116		

cdelaparte@aol.com

St Johns, FL 32259

904-436-6219

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

1637 Rade Traine Telephone number

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

City, State & Zip

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Sonrise Charity, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1637 Race Track Rd. Suite 116 St. Johns, Fl. 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sonrise Charity, Inc. is a nonprofit corporation and is not organized for the private gain of any person. The property of this Corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of the corporation shall ever inure to the benefit of any director, trustee, member or officer of this corporation, or to any private person, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose statement.

Upon the dissolution of the corporation, any assets remaining after payment of, or provision for payment of, all debts and liabilities shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable purposes, which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

The purpose of Sonrise Charity, Inc. is to demonstrate the love of God by reaching out to local communities in the United States and around the world with the compassion of Christ. We want to display the love of Christ by meeting the physical and spiritual needs of the indigenous community. We want to do that by helping to provide building facilities for community centers, orphanages and churches and the resources to operate them.

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

General agreement for initial appointment and majority vote on any additional directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas L. Mallard
Address: 1637 Race Track Rd.

Suite 116

St. Johns, Fl. 32259

Name and Title: J Bert Watson, Sr.
Address: 1637 Race Track Rd.

Suite 116

St. Johns, Fl. 32259

Name and Title: Jeffery S Betros

Address: 1637 Race Track Rd.

Suite 116

St. Johns, Fl. 32259

Name and Title: J Fritzbert Watson, Jr. Address: 1637 Race Track Rd.

Suite 116

St. Johns, Fl. 32259

Name and Title: Cynthia J Delaparte

Address: 1637 Race Track Rd.

Suite 116

St. Johns, Fl. 32259

Name and Title: Walter L. Williams

Address: 1637 Race Track Rd.

Suite 116

St. Johns, Fl. 32259

12和831 图 3:15

ARTICLE VI REGISTERED AGENT

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

Name: Address: Cynthia J Delaparte 1637 Race Track Rd.

Suite 116

St. Johns, Fl. 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jeffery S Betros

Address:

1637 Race Track Rd.

Suite 116

St. Johns, Fl. 32259

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 Bate

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.

Require signature of Incorporator

8-28-12

Date