

N15000007177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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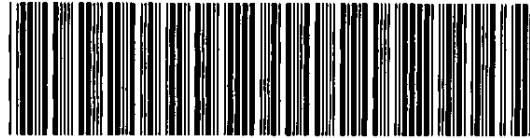
(Business Entity Name)

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15 JUL 20 AM 9:18
TALLAHASSEE, FLORIDA

NP
JUL 24 2015
R. WHITE

COVER LETTER

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

SUBJECT: SONRISE WORSHIP INTERNATIONAL MINISTRIES, 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: CAROLYN HART, ESQ.

Name (Printed or typed)

7401 WILES ROAD

Address

CORAL SPRINGS, FL 33067

City, State & Zip

954-840-0428

Daytime Telephone number

carolyn.hart@att.net

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: SONRISE WORSHIP INTERNATIONAL MINISTRIES, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
C/O CAROLYN HART, ESQ.

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS:
TALLAHASSEE, FLORIDA

7401 WILES ROAD

CORAL SPRINGS, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
THE OPERATING OF A WORSHIP CENTER.

FORMED FOR RELIGIOUS, EDUCATIONAL OR OTHER PURPOSES
REFERRED TO IN IRC 501(C)(3) OR THE APPLICABLE REGULATIONS.
UPON DISSOLUTION, ASSETS WILL BE DISTRIBUTED FOR PURPOSES
IDENTICAL TO THOSE OF SONRISE WORSHIP INTERNATIONAL
MINISTRIES, INC.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED FOR
IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-------------------------------------|-----------------|-----------------------------------|
| Name and Title: | <u>LARRY J. HENDREX - PRESIDENT</u> | Name and Title: | <u>CAROLYN HENDREX VICE PRES.</u> |
|-----------------|-------------------------------------|-----------------|-----------------------------------|

| | | | |
|---------|--------------------------------|----------|--------------------------------|
| Address | <u>C/O CAROLYN HART, ESQ.</u> | Address: | <u>C/O CAROLYN HART, ESQ.</u> |
| | <u>7401 WILES ROAD</u> | | <u>7401 WILES ROAD</u> |
| | <u>CORAL SPRINGS, FL 33067</u> | | <u>CORAL SPRINGS, FL 33067</u> |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
|-----------------|-------|-----------------|-------|

| | | | |
|---------|-------|----------|-------|
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
|-----------------|-------|-----------------|-------|

| | | | |
|---------|-------|----------|-------|
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

Name and Title: _____ Name and Title: _____

Address: _____ 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: CAROLYN HART, ESQ.
Address: 7401 WILES ROAD
CORAL SPRINGS, FL 33067

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CAROLYN HART, ESQ.
Address: 7401 WILES ROAD
CORAL SPRINGS, FL 33067

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Carolyn Hart

Required Signature of Registered Agent

07-17-15

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.

Carolyn Hart

Required Signature of Incorporator

07-17-15

Date