

N 150000085 66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

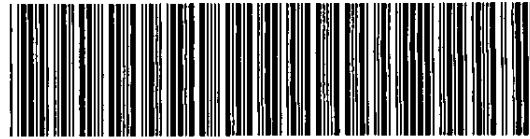
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100276428661

08/31/15--01007--010 **70.00

FILED
15 AUG 31 AM 1:47
SECRETARY OF STATE
ALLIANCE SECRETARIAT

SEP 08 2015
W PAINTER

COVER LETTER

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

SUBJECT: Sunshine Convention Incorporated
(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: Siosiana Bickford
Name (Printed or typed)

387 Henderson Rd.
Address

DeFuniak Springs, FL 32433
City, State & Zip

850-333-0784
Daytime Telephone number

sunshinesuzieb@aol.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: Sunshine Convention Incorporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

387 Henderson Rd.

DeFuniak Springs, FL 32433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: an Alcoholics Anonymous Recovery Convention for recovering alcoholics for fellowship and presentations by alcoholic Anonymous Speakers

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

Elected by Committee members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SIOSIANA Bickford (President) Name and Title: _____

Address: 387 Henderson Rd. Address: _____
DeFuniak Springs FL 32433

Name and Title: Darlene Josey (Vice Pres) Name and Title: _____

Address: 3156 Zandie Lane Address: _____
Crestview, FL 32539

Name and Title: Dea Young (Treasurer) Name and Title: _____

Address: 486 Twin Lakes Dr. Address: _____
DeFuniak Springs, FL 32433

FILED
15 AUG 31 AM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Siosiana Bickford

Address: 387 Henderson Rd.
DeFuniak Springs, FL 32433

ARTICLE VII INCORPORATOR

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

Name: Siosiana Bickford

Address: 387 Henderson Rd
DeFuniak Springs, FL 32433

FILED
15 AUG 31 AM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Siosiana Bickford
Required Signature of Registered Agent

8-23-15
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.

Siosiana Bickford
Required Signature of Incorporator

8-23-15
Date

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

ARTICLE I NAME

The name of the corporation shall be: Sunshine Convention Incorporation

ARTICLE II PRINCIPAL OFFICE

Principal street address: 387 Henderson Rd.
DeFuniak Springs, FL 32433

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: an Alcoholics Anonymous
Recovery Convention for recovering alcoholics
for fellowship and presentations by Alcoholic
Anonymous Speakers

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Elected by Committee members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Siosiana Bickford (President) Name and Title: _____
Address: 387 Henderson Rd. Address: _____
DeFuniak Springs FL 32433

Name and Title: Darlene Josey (Vice Pres) Name and Title: _____
Address: 3156 Zadie Lane Address: _____
Crestview, FL 32539

Name and Title: Dea Young (Treasurer) Name and Title: _____
Address: 486 Twin Lakes Dr. Address: _____
DeFuniak Springs, FL 32433

15 AUG 31 AM 1:47
SECRETARY OF STATE
TALLAHASSEE, FL 32304-2500
FILED

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: Siosiana Bickford

Address: 387 Henderson Rd.
DeFuniak Springs, FL 32433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Siosiana Bickford

Address: 387 Henderson Rd
DeFuniak Springs, FL 32433

FILED
15 AUG 31 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Siosiana Bickford
Required Signature of Registered Agent

8-23-15
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.

Siosiana Bickford
Required Signature of Incorporator

8-23-15
Date