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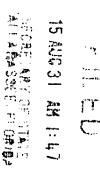
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COVER LETTER

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

SUBJECT: Susshive 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

Status

Filing Fee & Certificate of

\$78.75

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Siosiana Bickford
Name (Printed or typed)

387 Henderson Rd.

Defuniale Springs 7L 32433

850-333-0784 Daytime Telephone number

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)

The name of the corporation shall be: Sushive Cong	vention INCORPORation
ARTICLE II PRINCIPAL OFFICE	•
Principal <u>street</u> address: 387 Henderson Rd.	Mailing address, if different is:
Detunial Springs 76 32433	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: an Alc	cholics Anonymous
Recovery Convention for R	Ecovering alcoholics
for Fellowship and presen	tations by Alcoholic
Anonymous Speakers	
Elected by Committee M	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: SIOSIANA Bick Ford (Persident)	ıl Title:
Address 387 Henderson Rd. Address:	M. (1)
Detuniak Springs 7L 32433	
	<u> </u>
Name and Title: Darley Vice Pers) Name and	d Title:
Address 3156 Zadie Lane Address:	
Crestulew, 7L 32539	The state of the s
Name and Title: Dea Young Treasurer) Name and	J Title.
Address 486 Twin Cakes Dr. Address:	
Address 486 Twin Cakes Dr. Address: Detuniak Springs, 7L 32433	
	

ranic and 1 itie.	1	Name and Thie:	
Address		Address:	
Name and Title	1	Name and Title:	
Address		Address:	
		<u> </u>	
	REGISTERED AGENT	able) of the president of the land	
	Florida street address (P.O. Box NOT accept Siosíana Bick fouc		
Name: Address:	387 Henderson		
Addless:	Detuniah Springs, 76 3		<u>.</u>
	- Committee - Comm		売货 方 本第 差 -
	INCORPORATOR address of the Incorporator is:		AUG 3
Name:	Siusiana Bickford		
Address:	387 Henderson R		
	Detuniak Springs, 71	32433	
	EFFECTIVE DATE: If other than the date of filing:	(OPTIONAL)
(If an effective after the filing	date is listed, the date must be specific and	cannot be more than five busine	ss days prior or 90 business d
	te inserted in this block does not meet the app		s, this date will not be listed as t
document's effe	ective date on the Department of State's recor	us.	
	amed as registered agent to accept service of familiar with and accept the appointment as		
208	iana Follord	<u> </u>	8-23-15
$(\)$	Required Signature of Registered	Agent	Date
	cument and affirm that the facts stated herei		

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

ARTICLE I The name of	The corporation shall be: Scustine C	onvention Incorporation	_
	PRINCIPAL OFFICE		
<u>3</u> 9	Principal <u>street</u> address: 87 Henderson Rd.	Mailing address, if different is:	······································
De	Funial Springs 76 3243	3	
The purpose		Alcoholics Anonymous	
Recov	exy Convention for	recovering alcoholics entations by Alcoholi	
for f	-ellowship and pres	entations by Alcoholi	<u>ن</u>
ANON	ymous Speakers		
	· · · · · · · · · · · · · · · · · · ·		
	and the second s		
<u>ARTICLE I</u>	. .	hich the directors are elected and appointed:	
Ele	cted by Committee	members	
ARTICLE V	' INITIAL OFFICERS AND/OR DIRECTORS		
Name and T	ille: SiOSIANA Bick ford (Presiden	ne and Title:	
Address	387 Henderson Rd. Add		
	Detuniak Spirings 71 3245	<i></i>	
Name and T	ine Darlene Josey Vice Pres) Nar	ne and Title:	
Address	3156 Zadie Lane Ad		
	Crestulew, 7L 32539		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Day Variation francisco		**Au * Au
	ide: Dea Young Treasurer) Nar 486 Twin Lakes Dr. Add	ne and Title:	Γ ••
Address	Detunial Springs, 7L 32433	iress:	
	petunial obeings ic suras		

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 acce	ptable) of the registered agent is:		
Name: Siosiana Bickfor	ol		
Address: 387 Henderson	Rd.		
Detuniak Springs, 7L	3243₹		
	······································		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
0 0	al.	建筑 动	
			** *
Address: 387 Hendenson		- 1	3 H ^ 144
Detunial Springs, 71	<u>32433</u>		P. Comment
ARTICLE VIII EFFECTIVE DATE:	(ODTIONAL)		and the second of
Effective date, if other than the date of filing:(If an effective date is listed, the date must be specific an		- vale	asiness days
after the filing.)			
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	oplicable statutory filing requirements, this ords.	date will not be	listed as the
	· · · · ·		
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment a	of process for the above stated corporation	on at the place d	esignated in this
certificate, 1 am jaminar wan ara accept the appointment a	s registerea agent and agree to act in this c	- •	
Required Signature of Registered	Agent	3 - 23	
	ŭ	Date	
I Submit this document and affirm that the facts stated here to the Department of State constitutes a third degree felony,	an are true. 1 am aware that any Jaise info As provided for in s.817.155, F.S.	rmation Submitte	z a in a docum en.
Siosiana Della	sd	8-23	-15
Required Signature of Incor		Date	