

NI160000004732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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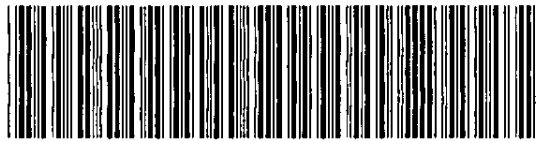
(Business Entity Name)

(Document Number)

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FILED
16 MAY 10 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 125391 8094460

AUTHORIZATION :



COST LIMIT : \$70,000

ORDER DATE : May 1, 2016

ORDER TIME : 12:33 PM

ORDER NO. : 125391-001

CUSTOMER NO: 8094460

DOMESTIC FILING

NAME: SLICE OF SUNSHINE, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

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

ARTICLE I NAME

The name of the corporation shall be: SLICE OF SUNSHINE , INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6615 W Boynton Bch Blvd

Suite 330

Boynton Bch, FL 33437

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHARITY WORK

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: Paul Connolly - Directors

Address 6615 W Boynton Bch Blvd

Suite 330

Boynton Bch, FL 33437

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 10 PM 2:04

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul Connolly
Address: 6615 W Boynton Bch Blvd. Suite 330
Boynton Bch, FL 33437

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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

Corporation Service Company

By: M. Zender Melissa Zender 5/10/16
Required Signature of Registered Agent Asst. Vice President 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.

[Signature] 05/05/2016
Required Signature of Incorporator Date