

N17000008764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

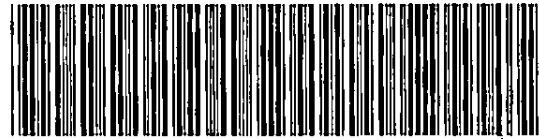
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/17--01026--005 **70.00

FILED
17 AUG 23 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

New NP
Corp.

AUG 24 2017

D CONNELL

COVER LETTER

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

SUBJECT: DREAMS IN THE SUN, 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: YOLANDA CISNEROS

Name (Printed or typed)

117 EAST 3rd ST.

Address

LEHIGH ACRES, FLORIDA 33936

City, State & Zip

(239) 258-2584

Daytime Telephone number

ycisneros@live.com

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

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

RECEIVED
17 AUG 23 PM 1:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

8/11/2017

Attn: Darlene Connell

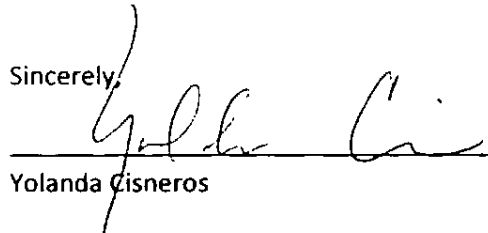
Hello,

My name is Yolanda Cisneros.

I am writing to voluntarily dissolve and do not intend to revoke the for-profit incorporation named Dreams in the Sun, Inc.

and I intend to release the name of the for-profit incorporation to be used for a non profit incorporation to be formed.

Sincerely,


Yolanda Cisneros

8/18/17

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

FILED

17 AUG 23 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Dreams in the Sun Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

117 East 3rd. St

Lehigh Acres, Fl 33936

Mailing address, if different is:

P.O. Box 1964

Lehigh Acres, Fl 33970

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THIS NON PROFIT ORGANIZATION IS TO RAISE FUNDS TO HELP WOMEN FIGHTING UTERINE CANCER WITH
NEEDS THEY MAY HAVE AND CANNOT AFFORD. WHETHER THEY HAVE INSURANCE OR NOT AND DUE TO THEIR
ILLNESS AND CANNOT WORK AND DO NOT HAVE THE MONEY FOR.

ONGOING FUNDRAISING EVENTS WILL BE HELD ALL YEAR TO KEEP RAISING FUNDS TO CONTINUE

THE ASSISTANCE ALL YEAR. AN ONCOLOGIST IS ASSISTING TO CREATE AN APPLICATION FOR QUALIFYING.

FROM GAS CARDS TO NEEDED PERSONAL ITEMS TO FOOD OR WHATEVER NEED COMES TO OUR ATTENTION.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SOFIA D. HERRERA (President)

Address 117 East 3rd St., Lehigh Acres, Fl 33936
(mail) P.O. Box 1964
Lehigh Acres, Fl 33970

Name and Title: Sara Marquez (Treasurer)

Address 611 HUTTON ST.
LEHIGH ACRES, FL 33974

Name and Title: _____

Address _____

Name and Title: YOLANDA CISNEROS (Secretary)

Address: 117 East 3rd. St Lehigh Acres Fl 33936
(Mail) P.O. Box 1964
Lehigh Acres, Fl 33970

Name and Title: SIMONE HUNT (Director)

Address: 3200 Old Wintergarden Rd
Apt. # 2228
Ocoee, Fl 34761

Name and Title: _____

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: Yolanda Cisneros
Address: 117 East 3rd St
Lehigh Acres, Fl 33936

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yolanda Cisneros
Address: 117 East 3rd St
Lehigh Acres, Fl 33936

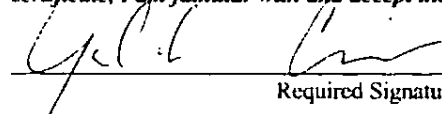
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

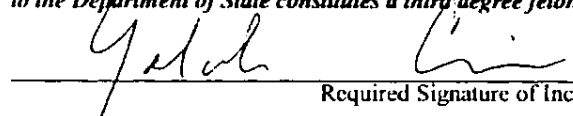
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

8/18/17
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.


Required Signature of Incorporator

8/18/17
Date