

N21000006356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

☐ MAIL

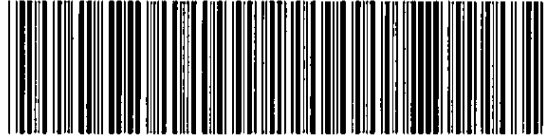
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 MAY 18 PM 2:18
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 MAY 21 PM 2:45

TALLAHASSEE, FLORIDA
RESUBMIT

Please give original
submission date as file date.

May 18, 2021

CSC

SUBJECT: SUNNALAND KINDRED, INC.
Ref. Number: W21000070378

We have received your document for SUNNALAND KINDRED, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 621A00010518

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OFFICE OF THE
CLERK OF THE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 778062 8342520

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : April 22, 2021

ORDER TIME : 10:01 AM

ORDER NO. : 778062-001

CUSTOMER NO: 8342520

DOMESTIC FILING

NAME: SUNNALAND KINDRED, 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: Eyliena Baker - EXT.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SUNNALAND KINDRED, 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: David Laneski
Name (Printed or typed)

207 SE SIMS CIRCLE
Address

PORT ST. LUCIE FL 34984
City, State & Zip

(772) 672-0189
Daytime Telephone number

chieftain@sunnaland-kindred.org
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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: SUNNALAND KINDRED, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
207 SE Sims Circle

Mailing address, if different is:
207 SE Sims Circle

Port Saint Lucie, FL 34984

Port Saint Lucie, FL 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice and propagation of Northern European paganism

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

Elected by members during annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Walter Laneski, Director

Name and Title: _____

Address: 207 SE Sims Circle

Address: _____

Port Saint Lucie, FL 34984

Name and Title: Brandi Ingram, Secretary

Name and Title: _____

Address: 340 Ferndale Ave

Address: _____

South Daytona, FL

32119

Name and Title: Jeremiah Ingram, Treas.

Name and Title: _____

Address: 340 Ferndale Ave.

Address: _____

South Daytona, FL

32119

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2021 MAY 18 PM 2:18
HALLANDALE BEACH, FL 33449

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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: 1202 Hays Street

Tallahassee, FL 32301

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Walter Laneski

Address: 207 SE Sims Circle

Port Saint Lucia, FL 34984

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

Quanda E. Plummer

Required Signature of Registered Agent

05/20/2021

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.

David Walter Laneski

Required Signature of Incorporator

5/3/21

Date