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(Address)

(Address)

(City/State/Zip/Phone #)

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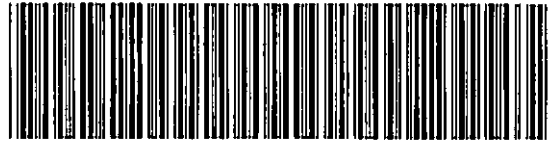
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C

## COVER LETTER

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

**SUBJECT:** Sunflowers4family.org Corporation

**(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:** Dariya Karpenko  
\_\_\_\_\_  
Name (Printed or typed)

801 South Olive #821  
\_\_\_\_\_  
Address

West Palm Beach, Florida 33401  
\_\_\_\_\_  
City, State & Zip

305 432 6842  
\_\_\_\_\_  
Daytime Telephone number

dariya.ivanna@gmail.com

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

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

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DEPT OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: SUNFLOWERS4FAMILY.ORG CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
14939 BARTRAM CREEK BOULEVARD  
JACKSONVILLE, FLORIDA 32259

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
Sunflowers4family.org Corporation, is a Florida non-profit entity dedicated to helping Ukrainian families recover from war damages, displacement and injury. The focus of our work is to fund food, medicine and shelter for families rebuilding their lives in Ukraine. Our aid will be provided directly aid and indirect aid through other organizations assisting Ukrainian families restore their lives in Ukraine. The war will be over and we will be assisting now and in the future.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Founder's Selection

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dariya Karpenko, President

Address: 801 South Olive #821  
West Palm Beach, Florida 33401

Name and Title: Tatyana I. Geshwiler, Vice President

Address: 14939 Bartram Creek Blvd.  
Jacksonville, FL 32259

Name and Title: Richard L. Geshwiler, Officer

Address: 14939 Bartram Creek Blvd.  
Jacksonville, FL 32259

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
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 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: Richard L. Geshwiler  
 Address: 14939 Bartram Creek Blvd.  
 Jacksonville, FL 32259

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

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

Name: Dariya Karpenko  
 Address: 801 South Olive #821  
 West Palm Beach, Florida 33401

**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 Richard L. Geshwiler  
 \_\_\_\_\_  
 Date 27MAR22

*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  
 \_\_\_\_\_  
 Dariya Karpenko  
 \_\_\_\_\_  
 Date 31MAR2022

## COVER LETTER

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

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Address: 14939 Bartram Creek Blvd.  
Jacksonville, FL 32259

Name and Title: Richard L. Geshwiler, Officer

Address: 14939 Bartram Creek Blvd.  
Jacksonville, FL 32259

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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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: Richard L. Geshwiler

Address: 14939 Bartram Creek Blvd.

Jacksonville, FL 32259

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

Name: Dariya Karpenko

Address: 801 South Olive #821

West Palm Beach, Florida 33401

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Date

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\_\_\_\_\_  
Required Signature of Incorporator Dariya Karpenko 31MAR2022  
Date