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(Bt	siness Entity Name)
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	<u> </u>
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COVER LETTER

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

Sonshine Spellers, Inc SUBJECT: 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 XI \$87.50 Filing Fee. Certified Copy & Certificate

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ADDITIONAL COPY REQUIRED

FROM: Amette Uzardo Name (Printed or typed)

120 S. Woodland Blvd. #-200

Deland FL 32720

(305) 546 8163 Davtime Telephone number

<u>A Sanjur jolaw 2000 @ g mail.</u> Com E-mail address: (to the used for future annual report notification)

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

ARTICLES OF INCORPORATION for SONSHINE SPELLERS, Inc.

In compliance with Chapter 617, F.S., (Not-For-Profit)

ARTICLE I, NAME.

The name of the corporation shall be SONSHINE SPELLERS, INC., hereinafter referred to as "Corporation" or "SS."

ARTICLE II. PRINCIPAL OFFICE.

Principal Street Address:

120 S. WOODLAND BLVD., Suite #200, DeLand, FL 32720.

Mailing address:

120 S.Woodland Blvd., Suite #200, DeLand, FL 32720.

ARTICLE IIIA, PURPOSE.

The purposes for which this Corporation is formed are as follows:

SONSHINE SPELLERS, INC., is a not-for-profit organization providing individual of all ages with communication challenges due to autism, related disabilities such as appraxisment learning disabilities, with innovative teaching and learning techniques in improve communication, literacy, and grade-level achievements, and improve self-advocaey, life and social skills and independence into adulthood; this includes using a letterboard to communicate, deliver instruction and make assessments, provide specialized tutoring, educational therapy and other therapies, and provide individualized academic support to foster academic and holistic success in students of all ages in a nurturing environment that cultivates character and develops good citizenship.

ARTICLE IIIB. DEDICATION OF ASSETS.

The properties and assets of this not-for-profit Corporation, SONSHINE SPELLERS, INC., INC., are irrevocably dedicated to charitable, educational purposes. No part of the net earnings, properties, or assets of this Corporation, on dissolution or otherwise, shall inure to the benefit of any private person or individual, or any member, director or officer of this

.

Corporation. On liquidation or dissolution, all properties and assets, and obligations if any, shall be distributed and paid over to an organization dedicated to similar charitable, religious and/or educational purposes, which has established its tax-exempt status under Internal Revenue Code Section 501(c)(3).

ARTICLE IV. MANNER OF ELECTION.

The manner in which the directors are elected and appointed are as specified in the Corporation's Bylaws.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS.

Name and Title: <u>ANNETTE SANJURJO-LIZARDO, PRESIDENT & Executive Director</u> Address: <u>120 S. Woodland Blvd. Suite #200, DeLand, FL 32720.</u>

Name and Title: <u>RACHEL ARAZASHVILI, TREASURER</u> Director Address: <u>120 S.Woodland Blvd.</u>, Suite #200, DeLand, FL 32720.

Name and Title: <u>CHRISTIN CARLISLE, SECRETARY</u> Director Address: <u>120 S.Woodland Blvd.</u>, Suite #200, DeLand, FL 32720,

ARTICLE VI. REGISTERED AGENT.

Name: Annette Sanjurjo, Esq.

Address: 120 S.Woodland Blvd., Suite #200, DeLand, FL 32720.

ARTICLE VII. INCORPORATOR.

Name: Annette Sanjurjo-Lizardo

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Address: 120 S.Woodland Blvd., Suite #200, DeLand, FL 32720.

ARTICLE VIII. EFFECTIVE DATE.

The effective date for the Corporation will be FEBRUARY 3, 2023.

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.

Signature of Registered Agent

3/2023 Date

I submit this document and affirm that the facts stated herein are true. I am aware that

any false information in a document to the Department of State constitutes a third degree falony

as provided in s.817.155, E.S.

Signature of Incorporator

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Name and Title: <u>CHRISTIN CARLISLE, SECRETARY</u> Address: <u>120 S.Woodland Blvd., Suite #200, DeLand, FL 32720.</u>

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Address: 120 S.Woodland Blvd., Suite #200, DeLand, FL 32720.

ARTICLE VII. INCORPORATOR.

Name: Annette Sanjurjo-Lizardo

FILED 23 FEB 17 PH 3: 02 SECRETARY OF STATE TALLAHASSEE. 1 DUP Address: 120 S.Woodland Blvd., Suite #200, DeLand, FL 32720.

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MARENOU

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2/03/2013

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Signature of Incorporator

17 PH 3: 02 12/03/20 55 Date FLORING Date