N 2300000 9461

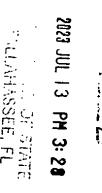
(December 1 March				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				







500409376795





COVER LETTER

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00

□ \$78.75

Filing Fee

Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jeanette Comer-Winigar Name (Printed or typed)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2023

JEANETTE COOMER - DUNNIGAN A DAILY DOSE OF SUNSHINE, NON-PROFIT COR RATION, 3177 CARTLAND ST. SARASOTA, FL 34237 US

SUBJECT: A DAILY DOSE OF SUNSHINE, NON-PROFIT CORPORATION Ref. Number: W23000085542

We have received your document for A DAILY DOSE OF SUNSHINE, NON-PROFIT CORPORÁTION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any questions concerning the filing of your document, please call Re: The highlighted dranges have been made to the Africles of Incorporation for A Daily Dose of Sunshine Incorporated.

Incorporation that I'm a registered agent and all facts are true X for the lower Daily Dose of Sunshine Incorporated. (850) 245-6052.

www.sunbiz.org

ARTICLES OF INCORPORATION

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

JD 7/-

<u>ARTICLE I NAME</u> The name of the corporation shall be: A Daily Dose of Sunshine Incorporated ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address: 4435 Beneva Kd Sarasota, FL 34233 The purpose for which the corporation is organized is: to provide equitable opportunities for lacrosse players while promotion the growth of lacrosse in southwest MANNER OF ELECTION The manner in which the directors are elected and appointed: INITIAL OFFICERS AND/OR DIRECTORS 3177 Courtland St. Address: Address Sarasota, FL 34237 Name and Title: Secretary - Griff Cooner Name and Title: Christopher Rendle - Director 1064 North Tamiami Trail 3177 Courtland St. Address Sarasota, FL 34237 Sarasota, FL 34236 Name and Title: Treasurer- Irene Rapoza Name and Title: Lisa Casimono - Director 3433 Lithia Pinecrest Rd Address: Address Sarasota, Fl rico, FL 33596

Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:		
Address		Address:		
_				
Name and Title:		Name and Title:		
Address _		Address:		
_				
_				
	REGISTERED AGENT orida street address (P.O. Box NOT accep	stable) of the registered agent is:		
Name:	Jeanette Comer-D	ronigan		
Address:	Jeanette Conner-Da 3177 Courtland St	<u>t.</u>		
	Sarasota, FL 3423	37_		
ARTICLE VII	INCORPORATOR			
The name and ac	Idress of the Incorporator is:		-	
Name:	Jeanette Coomer-D 3177 Courtland St	<u>unnig</u> an	2023	. (=1
Address:	3177 Courtland St	·	JUL .	1 1
	Sarasota, FL 342	.37	AHAX	
Effective date, if	effective DATE: other than the date of filing: Jone late is listed, the date must be specific an	1, 2023 (OPTIONAL) and cannot be more than five days prior		ng.)
Note: If the date document's effect	inserted in this block does not meet the aptive date on the Department of State's reco	oplicable statutory filing requirements, thords.	nis date will not be listed a	s the
Having been nat	med as registered agent to accept service amiliar with and accept the appointment as	of process for the above stated corporates registered agent and agree to act in this	tion at the place designate capacity	ed in this
Jones	Required Signature of Registered	Agent	5/24/2023 Date	,)
I submit this doct	ument and affirm that the facts stated herei of State constitutes a third degree felony as	in are true. I am aware that any false info	rmation submitted in a doc	cument to
Jon E	Required Signature of Incor		5/24/202 Date	3
\mathcal{O}				