

N240000007873

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(Address)

(Address)

(City/State/Zip/Phone #)

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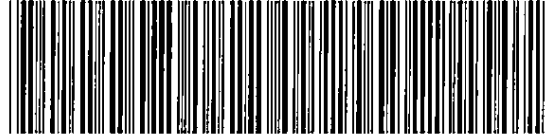
(Business Entity Name)

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2020 JUN 25 PM 12:50  
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## COVER LETTER

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

**SUBJECT:** SUNSHINE ESTATES OF NORTH FLORIDA

(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: BRIANNA MILEY  
Name (Printed or typed)

376 RIVER PLANTATION ROAD  
Address

CRAWFORDVILLE FLORIDA 32327  
City, State & Zip

8504056884  
Daytime Telephone number

SIGNSBYBRI@GMAIL.COM

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

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

2006 JUN 25 PM 12:50

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

**ARTICLE I NAME**

The name of the corporation shall be: SUNSHINE ESTATES OF NORTH FLORIDA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
376 RIVER PLANTATION ROAD  
CRAWFORDVILLE FL 32327

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO GIVE LOVING, HOSPITAL AND KIND CARE TO END OF LIFE  
PEOPLE. THIS IS A ASSISTED LIVING FACILITY WITH THE GOAL OF LETTING PEOPLE ENJOY THE GOLDEN  
YEARS OF THEIR LIVES IN COMFORT AND HAPPINESS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

VOTE

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

Name and Title: BRIANNA MILEY PRESIDENT

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

Address 376 RIVER PLANTATION ROAD  
CRAWFORDVILLE FL 32327

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

Name and Title: MARVIN LIBBY SECRETARY

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

Address 47 CONE ROAD  
CRAWFORDVILLE FL 32327

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

Name and Title: JASMINE KINCHELOE TREASURER

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

Address 54 HICKORY AVE  
CRAWFORDVILLE FL 32327

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

2026 JUN 25 PM 12:50

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: BRIANNA MILEY

Address: 376 RIVER PLANTATION ROAD

CRAWFORDVILLE FL 32327

2024 JUN 25 PM 12:50

**ARTICLE VII INCORPORATOR**

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

Name: BRIANNA MILEY

Address: 376 RIVER PLANTATION ROAD

CRAWFORDVILLE FL 32327

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6-20-24 (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

6-20-24

\_\_\_\_\_  
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.*

6-20-24