

PD5000063914

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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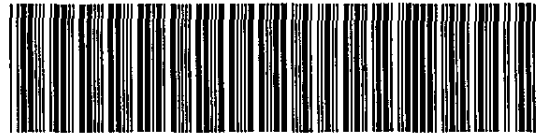
(Business Entity Name)

(Document Number)

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700050663147

04/19/05--01008--001

*78.75

SECRET
STATE
TALLAHASSEE, FLORIDA

05 MAY -2 AM 9:02

FILED

5/3/05
BWK

WDS-20566

TRANSMITTAL LETTER

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

SONRISES PROPERTIES, INC.

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
JANET SULLIVAN
Name (Printed or typed)

_____ 11 MAGPIE TRAIL
Address

_____ CRAWFORDVILLE, FL 32327
City, State & Zip

_____ 850.926.2320
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 25, 2005

JANET SULLIVAN
11 MAGPIE TRAIL
CRAWFORDVILLE, FL 32327

SUBJECT: SONRISES PROPERTIES, INC.
Ref. Number: W05000020566

We have received your document for SONRISES PROPERTIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L02000016938 SONRISE PROPERTIES, L.L.C.

Please return the original and one copy of 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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 405A00028133

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

05 MAY -2 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Son Rises Properties of NW Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11 Magpie Trail, Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real estate investment and other business activities permissable under Florida law

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Janet K. Sullivan
11 Magpie Trail
Crawfordville, FL 32327
Director & President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Janet K. Sullivan
11 Magpie Trail
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Janet K. Sullivan
11 Magpie Trail
Crawfordville, FL 32327

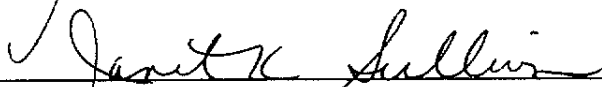
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/29/05

Date



Signature/Incorporator

4/29/05

Date