

P06000090109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

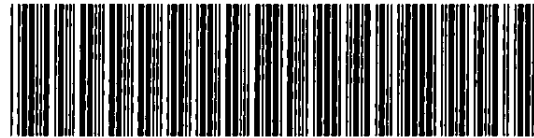
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL - 6 PM 2:03

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COVER LETTER

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

SUBJECT: Sonrise Services Inc
(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: Sonrise Services Inc
Name (Printed or typed)

877 N.W. 3rd Ave
Address

Boca Raton, FL 33432
City, State & Zip

561-362-4466
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Sonrise Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Location-877 N.W. 3rd Ave, Boca Raton, Fl 33432

Mailing- 102 N.E. 2nd Street, Suite 378, Boca Raton, Fl 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Commercial & Residential Services

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James R. Sherbondy - President / Treasurer

Danielle D. Sherbondy - Vice President / Secretary

ARTICLE VI REGISTERED AGENT

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

Danielle D. Sherbondy

877 N.W. 3rd Ave

Boca Raton, Fl 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James R. Sherbondy


877 N.W. 3rd Ave

Boca Raton, Fl 33432

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



Signature/Incorporator

7/5/06

Date

7/5/06

Date

FILED
06 JUL -6 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA