

P17000067243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

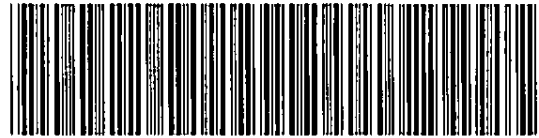
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/17--01015--005 **87.50

17 AUG -9 6M 10:54
STATE
FILING OFFICE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 08/07/17

08/10/17

COVER LETTER

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

SUBJECT: _____

Sunrise Appraisal, 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: _____

James Joseph Berse

Name (Printed or typed)

3733 B. Ward Street

Address

Jacksonville FL 32250

City, State & Zip

904 - 613 - 7349

Daytime Telephone number

cberse1@bellsouth.net

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

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: Sunrise Appraisal, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3733 B. Ward Street
Jacksonville, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Appraisal Services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Berse / Owner Name and Title: _____

Address: 3733 B. Ward St. Address: _____

Jacksonville, FL

32250

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: James Berse Cert Res RD5099

Address: 3733 B. Ward Street
Jacksonville, FL 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Berse Cert Res RD5099

Address: 3733 B Ward Street
Jacksonville, FL 32250

17 APR -9 AM 10:51
FILE
CLERK OF FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/07/2017 (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

James Berse
Required Signature/Registered Agent

08/07/17
Date

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

James Berse
Required Signature/Incorporator

08/07/17
Date