

P27000040975

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies ☒

Certificates of Status ☐

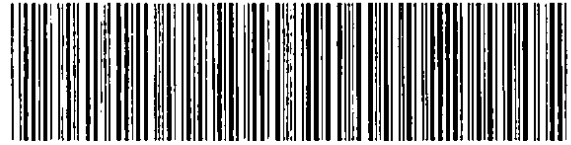
Special Instructions to Filing Officer:

\$ 78.75

Office Use Only

T. SCOTT

MAY 26 2022



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05/18/22--01006--026 **113.75

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2022 MAY 26 PM 12:13
ALLAHASSEE, FL 09

22 MAY 26 2022
ALLAHASSEE, FL 09

COVER LETTER

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

SUBJECT: Sunrise Academy of Excellence 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Oreda L Taylor
Name (Printed or typed)

6761 NW Elaine St
Address

Port St. Lucie, FL 34983
City, State & Zip

772-370-8938
Daytime Telephone number

SunriseAcademy3712@gmail.com
E-mail address: (to be used for future annual report notification)

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

Sunrise Academy of Excellence

~~"Where Curiosity Becomes Knowledge."~~

6761 NW Elaine St.
PSL, FL 34983
Phone: 772- 370-8938
Fax: 772-595-5958
Website: <https://www.sunriseacademystlucie.com/>

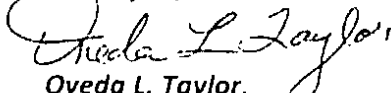
Mrs. Oveda Taylor
Owner

May 19, 2022

Hello,

I am the owner of Sunrise Academy of Excellence. I am the President of Sunrise Academy of Excellence corporation. I filed the article of dissolution on May 5, 2022. I'm opening a new incorporation on May 19, 2022, and I give permission for the name Sunrise Academy of Excellence to be released and used. I have full authority to make this decision on behalf of the nonprofit organization Sunrise Academy of Excellence.

Thank you,


Oveda L. Taylor,
Owner

State of Florida

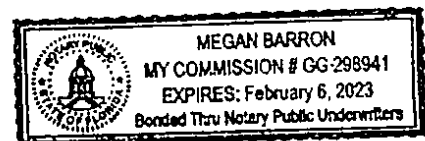
County of St. Lucie

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 23 day of May, 2022, by Oveda L. Taylor, who is personally known to me or ☒ has produced DL as identification.


NOTARY PUBLIC

(SEAL)

Printed Name: Megan Barron
My Commission Expires: Feb. 6, 2023



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 Academy of Excellence Inc.

ARTICLE II-- PRINCIPAL OFFICE

Principal street address
3212 Cleander Blvd.
Fort Pierce, FL 34982

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is Childcare, preschool, and private
elementary School services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oreda Taylor (P)

Name and Title: _____

Address 6761 NW Elaine St.

Address: _____

Port St. Lucie, FL 34983

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: Oreda L Taylor
Address: 10761 NW Elaine St.
Port St. Lucie, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oreda L Tay
Address: 10761 NW Elaine St.
Port St. Lucie, FL 34983

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.

Oreda L Taylor
Required Signature/Registered Agent

5/19/22
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.

Oreda L Taylor
Required Signature/Incorporator

5/19/22
Date