

P96000096769

TRANSMITTAL LETTER

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

FILED
SS NOV 26 AM 8 15
TALLAHASSEE, FL 32314

SUBJECT: SUNRISE CAPITAL MANAGEMENT, INC.
(Proposed corporate name - must include suffix)

300001983423--0
-10/23/96--01010--003
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: MICHAEL L. SMITH, CPA
Name (printed or typed)
16578 NORTHDAL OAKS DRIVE
Address
TAMPA, FL 33624
City, State & Zip
(908) 738-1599
Daytime Telephone number

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

W96-22630

MC 12/2/96



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 24, 1996

MICHAEL L. SMITH, CPA
16578 NORTHDAL OAKS R.
TAMPA, FL 33624

SUBJECT: SUNRISE CAPITAL MANAGEMENT, INC.
Ref. Number: W96000022630

We have received your document for SUNRISE CAPITAL MANAGEMENT, 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. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return 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 (904) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 296A00049115

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SUNRISE CAPITAL MANAGEMENT ADVISORS, INC.
~~SUNRISE CAPITAL MANAGEMENT, INC.~~

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

16578 NORTHDALIE OAKS DRIVE
TAMPA, FL 33624

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200 NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL L. SMITH, CPA
16578 NORTHDALIE OAKS DRIVE
TAMPA, FL 33624

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL L. SMITH, CPA
16578 NORTHDALE OAKS DRIVE
TAMPA, FL 33624

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18 day of OCTOBER, 19 96.

 CPA

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SUNRISE CAPITAL MANAGEMENT ADVISORS, INC.
~~SUNRISE CAPITAL MANAGEMENT, INC.~~

2. The name and address of the registered agent and office is:

MICHAEL L. SMITH, CPA

(NAME)

16578 NORTHDALKE OAKS DRIVE


(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

TAMPA, FL 33624

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 CPA
(SIGNATURE)

OCTOBER 18, 1996

(DATE)