

P 11000059276



900200811069

05/03/11--01050--003 **87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
11 JUN 27 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UMD 6/28

COVER LETTER

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

SUBJECT: Charles Beasley & Associates, 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: Charles A. Beasley
Name (Printed or typed)

758 Sherwood Terrace Dr. #209
Address

Orlando Florida 32818
City, State & Zip

407 429 4378
Daytime Telephone number

charbeez@aol.com (OR)
E-mail address: (to be used for future annual report notification)

cc: dependable Nursing @ people pc .com

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2011

CHARLES A. BEASLEY
758 SHERWOOD TERRACE DR., #209
ORLANDO, FL 32818

SUBJECT: CHARLES BEASLEY & ASSOCIATE, INC.
Ref. Number: W11000025364

We have received your document for CHARLES BEASLEY & ASSOCIATE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected 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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 811A00011195

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: *Charles Beasley & Associates, Inc.*

ARTICLE II PRINCIPAL OFFICE

Principal street address

Charles A Beasley / Pres

Address: 758 Sherwood Terrace Dr., #209

Orlando, Fl. 32818

Mailing address, if different is:

P. O. Box 618361

Orlando, Fl. 32861-8361

FILED
11 JUN 27 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To act and operate as a corporation pursuant to the laws of the state of Florida as a music group providing entertainment for wedding, Family reunions, community affairs, and to promote health awareness, especially HIV/Aids awareness. To engage in lawful activities to support or assist other organizations, such as in fund Raising. **Charles Beasley & Associates, Inc.** will provide live wills /last will testaments in video along any desired portraits, optional at our discretions, for a small fee. **Charles Beasley & Associates, Inc.** will provide Music for the comfort of the sick, elderly and the disable, by performing at Senior Center, Nursing and Retirement, community Parks and etc. for the public. **Charles Beasley & Associates, Inc.** will provide live wills /last will testaments in video along any desired portraits, optional at our discretions, for a small fee.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS

1. Name and Title: **Charles A Beasley / Pres.**

Address: **758 Sherwood Terrace Dr., #209**

Orlando, Fl. 32818

4. Name and Title: **Bertha Leverette / 2nd Vice-Pres..**

Address: **150 Ave. U, NW # C**

Winter Haven, Fl. 33881

.5. Name and Title: **Willia Williams / Sec.**

Address: **6914 Alpert Drive, Orlando, Fl. 32810**

BOARD OF DIRECTORS : The number of this Corporation shall be (9) or more than 6, as a fixed from time to time by the By-laws of the Corporation is six and the names and addresses of the persons who are to serve as directors until more are chosen.

1. Name **Charles A Beasley**

Address: **758 Sherwood Terrace Dr., # 209**

Orlando, Fl. 32818

3. Name: **Bertha Leverette**

Address: **150 Ave. U, NW # C**

Winter Haven, Fl. 33881

5. Name **Beatrice Adams**

Address: **P.O. Box 682695**

Orlando, Fl. 32868

7. Name: **Jimmy Flanders**

Address: **P.O. Box 683365 (Hm.-2272 Okada Ct.);**

Orlando, Fl. 32868 (Hm. Orlando, Fl. 32818);

9 **Elizabeth Lewis,**

10453 Lake Breeze Dr., Spring Valley, CA. 91977

2. Name and Title: **Roslyn Beasley / 1st Vice-Pres.**

Address: **758 Sherwood Terrace Dr., #209**

Orlando, Fl. 32816

3. Name and Title: **Kathy Sams / Tres.**

Address: **3336 Nipinicket Ct.**

Orlando, Fl. 32818

6. **Beatrice Adams / Assist. Sec.**

Address: **P.O. Box 682695, Orlando, Fl. 32868**

2. Name **Roslyn Beasley**

Address: **758 Sherwood Terrace Dr., #209**

Orlando, Fl. 32818

4. Name: **Kathy Sams**

Address: **3336 Nipinicket Ct.**

Orlando, Fl. 32818

6. Name: **Willia Williams**

Address: **6914 Alpert Drive**

Orlando, Fl. 32810

8. Name: **Georgia Hewitt**

Address: **2249 Okada Ct.**

Orlando, Fl. 32818

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

ARTICLE VI REGISTERED AGENT

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

Name: **Bertha Leverette**
Address: **150 Ave. U, NW # C,**
Winter Haven, Florida 33881

ARTICLE VII

Manner of Election: The manner in which the directors are elected or appointed will be the Board of Directors.

ARTICLE VIII INCORPORATOR

The name and address of the Incorporation:
Name and Title: **Charles A Beasley / Pres**
Address: **758 Sherwood Terrace Dr., #209**
Orlando, Fl. 32818

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

B. Leverette / Registered Agent /  / 6/10/11
Print Name / Required Signature / Registered Agent / 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 §.817.153, F.S.

 / 6/10/11
Required Signature/Incorporator / Date

FILED
11 JUN 27 AM 11:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA