

2/17/23, 8:35 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

F2300006269530

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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Phone : (323)962-8600
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FOREIGN PROFIT/NONPROFIT CORPORATION
PERFORMING ARTS CULTURAL EXCHANGE**

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help S. ROBERTS

FEB 20 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERFORMING ARTS CULTURAL EXCHANGE

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd

11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

Sheila_Kleiman@Yahoo.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at (800) 773-0888

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. **PERFORMING ARTS CULTURAL EXCHANGE**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

PERFORMING ARTS CULTURAL EXCHANGE, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 83-2944700
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/20/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2047 Alhambra St., Navarre, FL 32566
(Principal office street address)

(Current mailing address, if different)

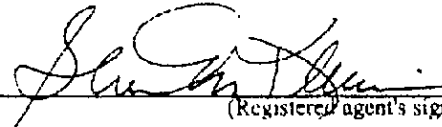
8. Educational purpose
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Sheila Kleiman
Office Address: 2047 Alhambra St
Navarre, Florida 32566
(City) (Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature) Sheila Kleiman

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Sheila Kleinman
☐ Vice Chairman Address: _____
☐ Director 2047 Alhambra St
☒ President Navarre, FL 32566
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sharon Steele
☐ Vice Chairman Address: _____
☐ Director 2021 Sun Dr
☐ President Rockwall, TX 75032
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

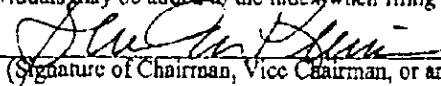
☐ Chairman Name: Boris Letuchy
☐ Vice Chairman Address: _____
☒ Director 410 Valley Vista Ct
☐ President Walnut Creek, CA 94596
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sheila Kleinman, President
 (Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	PERFORMING ARTS CULTURAL EXCHANGE
Entity No.:	4220925
Registration Date:	12/20/2018
Entity Type:	Nonprofit Corporation - CA - Public Benefit
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 17, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 083471835

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Sheila Kleiman, do hereby certify
(Name)

that this Resolution of the Board of Directors of PERFORMING ARTS CULTURAL EXCHANGE

(Name of Corporation)

a corporation duly organized and existing under the laws of California
(State or Country)

was adopted on 06/15/2022, adopting the alternate

name of PERFORMING ARTS CULTURAL EXCHANGE, INC.

(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date:

February 15, 2023

Sheila Kleiman
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President

Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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