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• •
(Requestor's Name)
,
(A.t.)
(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:
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SECRETARY OF STATE

J. Shivers OCT 08 2005

10,2112,0

COVER LETTER

TO:	New Filing S Division of C					
SUBJ	ECT:		es of Kids Arts Cent	ter		
		Name of Corporat	ion – must include suffix			
Dear S	ir or Madam:					
"Certif	ficate of Existen	tion by Foreign Not for Prof ce", or "Cerificate of Good S on to conduct its affairs in F	tanding" and check are subn			
Please	return all corres	pondence concerning this m	atter to the following:		•	
			Delbert Tyler			
			Name of Person	· - .		
Delbert Tyler LLC						
	Firm/Company					
		1	601 Penn Avenue			
			Suite 5300A		2010 OCT -6 SECRE (AR) TALLAHASSE	_
			Address		OCT -6 CRETAR AHASS	#27417 (1) (1) (4)
	Pittsburgh, PA 15221				388 787 9-	i i
			ity/State and Zip Code			Verrand 1 L Lauren
		de	lbert@tylerllc.com		유 · · ·	الموادين عاد
	E-r	nail address: (to be used for		tion)	5. D.	
For fu	rther information	n concerning this matter, plea	ase call:			
·		ert Tyler at of Person	(412) 371 Area Code & Daytime Te	-9850 lephone Number		
	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F.	ction orporations	New Filing Se Division of Co Clifton Buildi	orporations ng ve Center Circle	:	
Enclos	sed is a check for	r the following amount:				
\$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of S	Status &	

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:

, -					
(Name of corporation: must include the wor	hat it is a comoration inst	ead of a patiir	i nerson or namersi	nin ii noi sc	ns of like contained
<u>Pennsylvania</u>	3.		26-2978161		
•	it is incorporated)	(FE	number, if applicab	le)	 .
. 04/28/08	5		N/A		
(Date of Incorporation)	(Di	uration: Year	corp. will cease to ex	ist or "perp	etual")
	09/01/201	0			
(Date first conducted affairs in Florida if prio	r to registration. See sectio	ns 617.1501 &	: 617.1502, F.S. to dei	ermine pend	alty liability.
7 <u>008 B</u> eni	nett Street Pittsbur	gh, PA 152	208-1336		<u> </u>
	(Principal office	address)		•	
7008 Benr	nett Street Pittsbur	ah. PA 152	08-1336		
	(Current mailin	g address)			
			•		
to create community-arts school	ls where youth can	learn to be	come socially fu	ınctional	artists
(Purpose(s) of corporation authorized in ho	me state or country to be	carried out in	the state of Florida)	30	
Name and street address of Florida regi	istered agent: (P.O. Box	v NOT accen	tahle)		
. I value and <u>street address</u> of 1 fortuning	isiorod agont. (1.0. Do	1.101 accep	(abic)	AR.	
Name: Kyle Holbrook				NS.	1 (24)
rume.				MAN TO THE	, in
ffice Address: 931 NE 144th Street	<u>t</u>	,			3 50
				85	ئ ب
North Miami	, FI	orida	33161	_ 57.	<u>ن</u> ان
(Cir	·y)		(Zip Code)	77"	 –
0. Registered agent's acceptance:					
aving been named as registered agent a	ind to accept service of	process for	the above stated co	rporation	at the pla
irther noree to comply with the provision	ne of all statutes relativ	u <i>e to the</i> nro	n <i>er and complete</i> n	o act in th erforman	is capacity ce of my d
ed I am familiar with and accept the ob	ligations of my position	n as registeri	ed agent.		
į					
	// _			•	
·	O4/28/08 O4/28/08 O4/28/08 O5 O5 O4/28/08 O5				
	(Registered agent's	s signature)		_	
·		•			
. Attached is a certificate of existence d	luly authenticated, not	more than 90	days prior to deliv	ery of this	applicatio
the Department of State, by the Secret	tary of State or other of	ficial having	custody of corpora	ite records	in the

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address:_ **B. OFFICERS** President: Marcus Harvey Address: 700 Wood Street, Pittsburgh, PA 15221 Vice President: Secretary: Louise Craighead Address: 529 N. Saint Clair St., Pittsburgh, PA 15206 Treasurer: William Thomas Address: 3001 Marshall Road Apt. 116, Pittsburgh, PA 15214 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Rev. Marcus Harvey, Board President//
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 23, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MOVING LIVES KIDS ARTS CENTER (MLK ARTS CENTER)

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Acting Secretary of the Commonwealth

Basil L. Merenda