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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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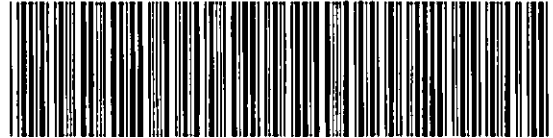
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 13 A 9:29
FBI - MEMPHIS

D SCOTT

MAY 20 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2019

BILL HAVRE
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702

SUBJECT: INTERSECTIONAL HOPE SCHOOL OF FINE ARTS INC
Ref. Number: W19000042616

We have received your document for INTERSECTIONAL HOPE SCHOOL OF FINE ARTS 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed in #11 of this form.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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 (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 419A00008750

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MAY 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Intersectional Hope School of Fine Arts, Inc.

SUBJECT: _____
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:

Bill Havre

Name of Person
Registered Agents Inc.

Firm/Company

7901 4th St N, STE 300

Address
St. Petersburg , FL 33702

City/State and Zip Code
agent@floridaregisteredagent.net

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

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For further information concerning this matter, please call:

Bill Havre at (850) 807-4500

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:

- ☐ \$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:*

Intersectional Hope School of Fine Arts Inc

1. _____
(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.)

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

2. Alabama 3. 83-3226923
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 15, 2019 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. 7901 4th St N. STE 300, St. Petersburg, FL 33702
(Principal office address)

(Current mailing address, if different)

8. To improve quality of life for others at a community, local, and state level thru creative education, arts, and resources.
(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: Registered Agents Inc
Office Address: 7901 4th St N, STE 300
St. Petersburg, Florida 33702
(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)

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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Robyn Lynn Burnett

Chairman:

7901 4th St N, STE 300

Address:

St. Petersburg, FL 33702

Gloria Ann Battle

Vice Chairman:

7901 4th St N, STE 300

Address:

St. Petersburg, FL 33702

Senie Mae Thomas

Director:

7901 4th St N, STE 300

Address:

St. Petersburg, FL 33702

Director:

Address:

B. OFFICERS

Robyn Lynn Burnett

President:

7901 4th St N, STE 300

Address:

St. Petersburg, FL 33702

Senie Mae Thomas

Vice President:

7901 4th St N, STE 300

Address:

St. Petersburg, FL 33702

Jokeda L Nelson

Secretary:

7901 4th St N, STE 300, St. Petersburg, FL 33702

Address:

Gloria Ann Battle

Treasurer:

7901 4th St N, STE 300, St. Petersburg, FL 33702

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

Robyn Lynn Burnett - Chairman

14. _____
(Typed or printed name and capacity of person signing application)

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that INTERSECTIONAL HOPE
SCHOOL OF FINE ARTS INC. was formed in Madison County, Alabama on
January 15, 2019. The Alabama Entity Identification number for this entity is 540-
246. I further certify that the records do not disclose that said entity has been
dissolved, cancelled or terminated.

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**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

03/08/2019

Date

J. H. Merrill

John H. Merrill

Secretary of State