

F23000005933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

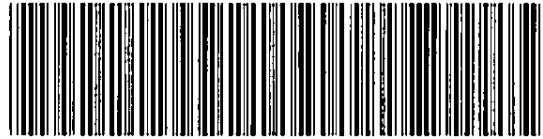
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT 11 PM 1:58
STATE OF NEW YORK
TAXATION DEPT.

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign not for profit corporation to conduct its affairs in Florida. The requirements are as follows:

- Pursuant to section 617.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 each (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the cover letter and send one check for the total amount made payable to the Florida Department of State.
- The cover letter should be completed and submitted along with the certificate, application and check. Both the mailing address and street address are noted in the cover letter.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Circle of Voices Inc.
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:

Kathy Kaz Mitchll

Name of Person

Circle of Voices Inc.

Firm/Company

13194 US HWY 301 S

Suite #229

Address

Riverview, FL 33578

City/State and Zip Code

info@covinc.org

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

For further information concerning this matter, please call:

K.Kaz Mitchell

Name of Person

at (813)

Area Code

666-7929

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Circle Of Voices Inc.

(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. New York 3. 921112000265
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Nov.12,1992 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 11832 Cara Field Ave. Riverview, FL 33579
(Principal office street address)

13194 US Hwy 301 S, Suite #229 Riverview, FL 33578
(Current mailing address, if different)

8. Non-profit organization- Addressing issues through art. Provide programming, resources,workshop, & festivals to empower
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

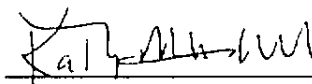
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Kathy Mitchell
Office Address: 11832 Cara Field Avenue
Riverview, Florida 33578
(City) (Zip Code)

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TALLAHASSEE, FL

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. 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: Kathy Mitchell
☐Vice Chairman Address: 11832 Cara Field Ave
☐Director Riverview, FL 33578
☒President _____
☐Vice President _____
☐Secretary ☐Treasurer
☒Other: Executive Director ☐Other: _____

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

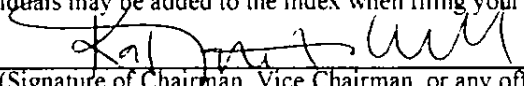
☐Chairman Name: Crystal Cornish
☐Vice Chairman Address: 3106 Areca Circle
☐Director Tampa, FL 33618
☐President _____
☐Vice President _____
☐Secretary ☒Treasurer
☐Other: _____ ☐Other: _____

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

☐Chairman Name: Nicole Terry
☐Vice Chairman Address: 4604 49th St. N Unit#17
☐Director St. Petersburg, FL 33709
☐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. KATHY MITCHELL
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	CIRCLE OF VOICES, INC.
DOS ID Number:	1679817
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/12/1992

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on September 20, 2023 at 01:41 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004340489 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

KATHY KAZ MITCHELL
13194 US HWY 301 S
SUITE #229
RIVERVIEW FL 33578

DATE: 09/19/2023 **TRANSACTION NUMBER:** 202309200002294

ENTITY INFORMATION:

ENTITY NAME: CIRCLE OF VOICES, INC.
DOS ID: 1679817
DATE OF INITIAL DOS FILING: 11/12/1992

<u>REQUESTED SERVICES:</u>	<u>NUMBER REQUESTED:</u>	<u>FEE:</u>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$25.00

TOTAL PAYMENTS RECEIVED: \$50.00
CASH: \$0.00
CHECK/MONEY ORDER: \$0.00
CREDIT CARD: \$50.00
DRAWDOWN ACCOUNT: \$0.00
REFUND DUE: \$0.00

<u>REQUESTED COPY</u>	<u>FILE DATE</u>	<u>FILE NUMBER</u>
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