

No 3000 8711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

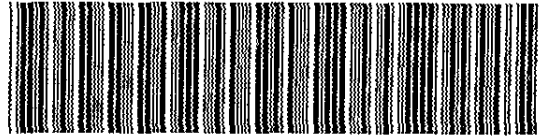
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TRANSMITTAL LETTER

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

SUBJECT: ITALIAN CULTURE FOUNDATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: MICHAEL GARCIA
Name (Printed or typed)

4545 W. HILLSBOROUGH AVE.
Address

TAMPA, FLORIDA 33616
City, State & Zip

(813) 888-8796
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

ITALIAN CULTURE FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

ITALIAN CULTURE FOUNDATION, INC.
4545 W. HILLSBOROUGH AVENUE
TAMPA, FLORIDA, 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO FACILITATE THE ADVANCEMENT OF ITALIAN LANGUAGE AND CULTURE AT THE UNIVERSITY OF SOUTH FLORIDA AND FURTHER THE INTERACTION BETWEEN THE ITALIAN COMMUNITY AND THE UNIVERSITY SYSTEM AND TO RAISE FUNDS THROUGH CONTRIBUTIONS AND FUND RAISING EVENTS TO ACCOMPLISH THESE GOALS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

THE MEMBERS WILL ELECT DIRECTORS ON AN ANNUAL BASIS.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

JOE CHILLURA / PRESIDENT
4506 FERNOCROFT CIRCLE
TAMPA, FLORIDA 33629-4248
PHONE 813 286-7146

MICHAEL GARCIA /
SECRETARY-TREASURER
4545 W. HILLSBOROUGH AV
TAMPA, FLORIDA 33616
PHONE 813 888-8796

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

MICHAEL GARCIA
4545 W. HILLSBOROUGH AVE
TAMPA, FLORIDA 33616 PHONE 813 888-8796

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL GARCIA
4545 W. HILLSBOROUGH AVE.
TAMPA, FLORIDA 33616 PHONE 813 888-8796

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.

Signature/Registered Agent

SEPTEMBER 29, 2003
Date

Signature/Incorporator

SEPTEMBER 30, 2003
Date