

# N08000006583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

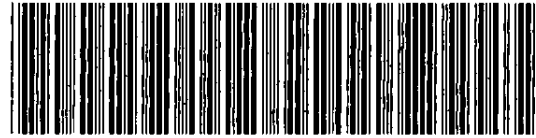
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 JUL 14 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Creeks Art & Music Festival, 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:** Gail Smithson

Name (Printed or typed)

1447 Tama Ran Place

Address

St Johns, FL 32259

City, State & Zip

904-230-0990

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)

FILED  
2008 JUL 14 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
Creeks Art & Music Festival, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
1447 Tama Ran Place; St Johns, FL 32259

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To collect money from the public to use to organize and execute a semi-annual art & music festival to promote local artists. This also provides something to bring our community together and possibly bring people of out ~~of town~~ to help stimulate the NW St Johns area.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Directors are volunteers.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Gail Smithson; 1447 Tama Ran Place; St Johns, FL 32259 - President  
Justin Shaw; PO Box 600896; St Johns, FL 32260 - Vice President

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Gail Smithson; 1447 Tama Ran Place; St Johns, FL 32259

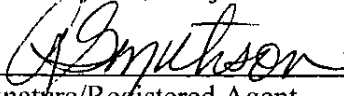
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

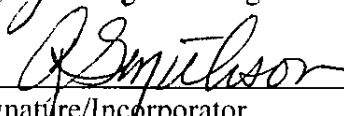
Gail Smithson; 1447 Tama Ran Place; St Johns, FL 32259

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*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

7/10/2008  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/10/2008  
\_\_\_\_\_  
Date