## N090000 8939

| (Requestor's Name)                        |  |  |  |  |
|---|--|--|--|--|
| (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:   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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PILED

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SECRETARY OF STATI

cc 9/14/09

## **COVER LETTER**

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

| (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)                    |                                  |                              |                |  |  |
|--|----------------------------------|------------------------------|----------------|--|--|
| Enclosed is an original a  | nd one (1) copy of the Artic     | cles of Incorporation and    | a check for :  |  |  |
| Filing Fee   | Filing Fee &                     | Filing Fee                   | Filing Fee,    |  |  |
|  | Certificate of                   | & Certified Copy             | Certified Copy |  |  |
|  | Status                           |                              | & Certificate  |  |  |
|  |                                  | ADDITIONAL CO                | PY REQUIRED    |  |  |
|  | •                                |                              |                |  |  |
|  |                                  |                              |                |  |  |
| FROM: Name (Printed or typed)                                      |                                  |                              |                |  |  |
| · ····································                             |                                  |                              |                |  |  |
| 415 Chripted Dr. #102  |                                  |                              |                |  |  |
| Address  |                                  |                              |                |  |  |
| THINASSEE FL 32300 AHE TO SEE                                      |                                  |                              |                |  |  |
| BSO. 339. SJ/98  Daytime Telephone number                          |                                  |                              |                |  |  |
| E-mail address: (to be used for future appual report notification) |                                  |                              |                |  |  |
| Li Control   | man address, (rq.525 deca tot ti | mare annican report nouncand | ni)            |  |  |

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

## ARTICLES OF INCORPORATION

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

NAME

ARTICLE I

FILED

| The name of the corporation shall be:  | □ ti Carto Berto Cas                    |
|--|---|
| Affinity TAMAMORE, INC   | 09 SEP 14 PM 12: 49                     |
| ARTICLE II PRINCIPAL OFFICE  | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| The principal <u>street</u> address and mailing address, if different is:  | MEENINGGENEGINDA                        |
| 415 Chapel de. # 120,  |   |
| TAMASNEE, FL 32309   |   |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  |   |
| To sid in the advancement of   | Theolents in the                        |
| Areas of MUSIC And FAShion   |   |
| ARTICLE IV MANNER OF ELECTION  |   |
| The manner in which the directors are elected or appointed:  | 4. 6                                    |
| Directors will be elected ht   | are lagining of                         |
| Directors will be elected At ?<br>Each academic year by a majority vote.<br>A tie, the president may have decid.   | In the case of                          |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS  | ng vote.                                |
| List name(s), address(es) and specific title(s):   | ·                                       |
| Strain marks to a nation the start of  | 15 Chapel DR.                           |
| white of the start of  | AlABASSEE, FL 32304                     |
| EDWIN MACKEY / Director, President 41  | ,                                       |
| ALEXANDINE Archer / VILE Presidents.   | Director                                |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET   |   |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the  | = -                                     |
| 4/5 Chaptel DR. #120   | n mackey                                |
| TAMASSE FC 32304   |   |
| ARTICLE VII INCORPORATOR   |   |
| The name and address of the Incorporator is:   | mackey                                  |
| 415 Chapel DR #120   |   |
| 415 Chapel DR # 120<br>TALLAMSSEE, FL 32301  |   |
| ******************   | *********                               |
| Having been named as registered agent to accept service of process for the above so in this certificate, I am familiar with and accept the appointment as registered agent |   |
| There a factor   | 9/14/69                                 |
| Signature/Registered Agent   | Date                                    |
|  | 0/11/2                                  |
| Signature/Incorporator   | 7/14/09<br>Date                         |
| Signature/incorporator—  | Date                                    |
|  |   |