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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01-50-01 209

COVER LETTER

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

SUBJECT: Metro Connection Jazz Group, 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: Greg Lecewicz
Name (Printed or typed)

1616 N. Washington Blvd.
Address

Sarasota, Florida 34236
City, State & Zip

941-366-1441
1616 N. Washington Blvd. Telephone number

prespawn@msn.com
E-mail address: (to be used for future annual report notification)

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:

Metro Connection Jazz Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1616 N. Washington Blvd

Sarasota, Florida 34236

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This non profit corporation is created for the purpose of promoting the creation and performance of jazz music throughout the world.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The directors shall be elected or appointed as provided in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Greg Lecewicz, President

Address: 1616 N. Washington Blvd

Sarasota, Fl. 34236

Name and Title: GREG LECIEWICZ DIRECTOR

Address: 1616 N. WASHINGTON BLVD

SARASOTA, FL. 34236

Name and Title: Lola Lecewicz, Vice President

Address: 1616 N. Washington Blvd.

Sarasota, Fl. 34236

Name and Title: LOLA LECIEWICZ VICE DIRECTOR

Address: 1616 N. WASHINGTON BLVD.

SARASOTA, FL. 34236

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Greg Lecewicz

Address: 1255 N. Gulfstream Ave 707

Sarasota, Fl. 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Greg Lecewicz

Address: 1255 N. Washington Blvd

Sarasota, Fl. 34236

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

Greg Lecewicz
Required Signature of Registered Agent

10-18-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Greg Lecewicz
Required Signature of Incorporator

10-18-10
Date

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TALLAHASSEE, FLORIDA