

N100000011495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

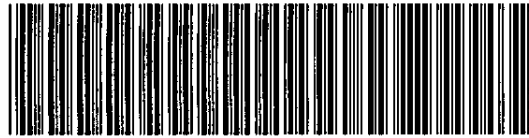
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400188429854

12/10/10--01015--002 \*\*70.00

FILED  
10 DEC 10 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE 12/15/10

MRS  
12/13

## COVER LETTER

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

SUBJECT: The South Florida Jazz Hall Of Fame, 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: Birthrite Services, Inc.

Name (Printed or typed)

18800 NW 2nd Ave #219k

Address

Miami Gardens, FL 33169

City, State & Zip

823 NW 104 Street Telephone number

divasdiner@yahoo.com

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

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

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

The name of the corporation shall be:

Name and Title: Name and Title Joan Burton Asst Treasurer  
Address: 2715 NW 151 Street  
Opa Locka, Fl 33054

FILED

10 DEC 10 PM 3:14  
SECRET

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE 12/15/10

FILED

10 DEC 10 PM 3:14

SECRETARY OF STATE  
ALL ADDRESSES  
FLORIDA

**ARTICLE VII DISSOLUTION**

On the dissolution or winding up of said corporation, all assets remaining after payment, or provisions of payment of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation, which is organized and operated exclusively for Religious, Charitable and Educational purposes under section 501 ©3 of the Internal Revenue Code. All articles and/or amendments of the corporation shall be terminated.

**ARTICLE VIII REGISTERED AGENT**

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

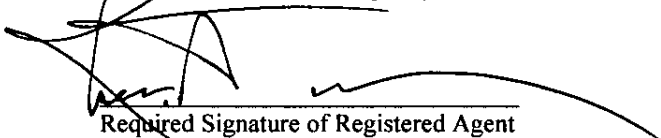
Name: Rev. Arthur L. Day  
Address: 3140 NW 165 Street  
Opa Locka, Fl 33054

**ARTICLE IX INCORPORATOR**

The name and address of the Incorporator is:

Name: Alice Day  
Address: 823 NW 104 Street  
Miami, Fl 33150

*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*

  
Required Signature of Registered Agent

12.6.10  
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.*

  
Required Signature of Incorporator

12.6.10  
Date