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CLERK OF STATE
TALLAHASSEE, FLORIDA

JAN 10 2011

COVER LETTER

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

SUBJECT: The Art Terminal 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: Phillip Keyes

Name (Printed or typed)

1039 Park St. North

Address

St. Petersburg, FL 33710

City, State & Zip

727-452-1875

1039 Park St. Telephone number

pkeyes33@gmail.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: The Art Terminal inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1039 Park St. N
St. Petersburg, Florida 33710

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Art Terminal inc. will provide an on-line gallery for artists who are terminally ill. Funds generated by the sale of art will be directed to support the organization and provide art supplies for terminally ill artists. Artists will be juried for inclusion. Requests for art supplies will be honored on a merit basis. Additional assistance in the creation of art in the form of volunteer artists may be available in the future.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The president will appoint three board members. The number of directors to be appointed and elected and the manner of their appointment will be fixed by the bylaws of this corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phillip Keyes President
Address: 1039 park St North
St. Petersburg, FL 33710

Name and Title: _____
Address: _____

Name and Title: Jody Bikoff Kirkpatrick Secretary
Address: 1039 Park St N.
St. Petersburg, FL 33710

Name and Title: _____
Address: _____

Name and Title: Sue Cooper-Street Treasurer
Address: 226 5th Ave N. # 1404
St. Petersburg, FL 33701

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: Kelly Davis
Address: 80 55th St. N
St. Petersburg, FL 33710

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Phillip Keyes
Address: 1039 Park St N.
St. Petersburg, FL 33710

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

Kelly Davis
Required Signature of Registered Agent

December 3, 2010
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.

[Signature]
Required Signature of Incorporator

December 3, 2010
Date

FILED
2011 JAN -6 PM 4:41
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PETERSBURG
FLORIDA