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## **COVER LETTER**

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

SUBJECT: Pine	Avenue Festival,	Inc.		
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed is an original	and one (1) copy of the Artic	cles of Incorporation an	d 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 C	OPY REQUIRED	
FROM		nted or typed)	7 7	
	P.O. Box 1478	Idress	2011 MAR -3 SECRETARY FALLAHASS	183 W.G.
Anna Maria, FL 34216  City, State & Zip  (941) 778-8700  101 Pine Regime Telephone number				
	mwright@chiles	group.com	•	

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

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

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

ARTICLE 1 . The name of the c	Pine Avenue Festival,	lnc.		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if dif	
	101 Pine Avenue	***	P.O. Box 1478, Anna Maria, F	Florida, 34216.
	Anna Maria, FL 34216			
ARTICLE III	PURPOSE			
The purpose for v	which the corporation is organized is:			
The Corporation is organized exclu-	erively for charitable purposes within like meaning of § 501(c)(3) of the internal Revenue Code of 1986, as n roducing and appressing public events. In order to raise funds to distribute to The Anne Marte want Comm	iow in effect or sa may hersefter be a unity Center Ing ( Anne Marie Island	amended ("the Code"). The purposes for which the Corporation is for I Community Orchestra & Chorus, Inc., and Anna Maria Preservation	med are to promote the general wellers : Trust, Inc., organizations that quality
In Authorance thereof, the Corporationgenzations Baled above. In Authorants and contributions for such pr	for may receive properly by gift, devise or bequest, invest and retrivest the same, and apply the income an erance of its chartable corporate purposes, the Corporation shall have all the general powers enumerated supposes	od principal shereof, as the Boerd of E in § 617 0300; of the Florida Not for F	Directors may from time to films determine, wither directly or strough or Profit Corporation Act so now in effect or as may hereafter be entend	contributions to any of the charitable ad, together with the power to solicit
ARTICLE IV	<b>MANNER OF ELECTION</b> The manner in	which the director	rs are elected and appointed:	
Directors sha	all be appointed, elected and removed a		• •	ue Festival Inc.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		io by Lavio or i mo / trong	20 1 0011101, 1110.
	Fitte: Ed Chiles, Director		e:Ted LaRoche, Director	
Address:	P.O. Box 1478	_ Address:	2103 Shannon Dr.	
	Anna Maria, FL 34216	<del>-</del>	Murfreeboro, TN 37129	
Name and T	Fitle: Micheal Coleman, Director	- Name and Title	0.	<u></u>
Address:		Address:	<u> </u>	
	Anna Maria, FL 34216			
		<del>-</del>		
Name and T	Citle:	_ Name and Title	e;	
Address:		_ Address:		<u> </u>
ARTICLE VI	REGISTERED AGENT	<del></del>		
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered age	ent is:	20
Name:	Martha Wright			5 =
Address:	101 Pine Avenue	_	<b>&gt;&gt;</b>	A THE
	Anna Maria, FL 34216	_	A A	<u> </u>
		_	SS T	ξω /
ARTICLE VII	INCORPORATOR		<u>ت</u>	
The <u>name and ad</u>	dress of the Incorporator is:		· την	*
Name:	Ed Chiles	_	SA	9 0
Address:	P.O. Box 1478	_	5.F	5. S
	Anna Maria, Florida, 34216.	<del>-</del>	<b>&gt;-</b>	<b>5</b> ,
Having been nan	ned as registered agent to accept service of proces	ss for the above .	stated cornoration at the place	designated in this
certificate, I am fa	miliar with and accept the appointment as register	ed agent and agre	re to act in this capacity	noorganica sa mag
	Van All H		574-1	7
	gaela Light	<del></del> -	2.28-(	<u> </u>
	Required Signature of Registered Agent		Date	
l submit this docu to the Department	ment and affirm that the facts stated herein are tri of State constitutes it third degree felony as provide	ue. I am aware the ed for in s.817.15	oat any false information submiti 5. F.S.	ted in a document
		•	2-28-1	
	Required Signature of Incorporator		Date	
	_ ,			