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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
9/14

**COVER LETTER**

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

**SUBJECT: Miami Capoeira Sol e Lua, 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: Jessica Greenfield**

Name (Printed or typed)

**6941 Baydrive unit. C2**

Address

**Miami Beach, FL 33141**

City, State & Zip

**305-332-1636**

2200 SW 46th Street, Suite 202  
Miami, FL 33135  
Phone: (305) 332-1636  
Fax: (305) 332-1636

**Indiamoonsun@aol.com**

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

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



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 18, 2011

JESSICA GREENFIELD  
6941 BAYDRIVE UNIT C2  
MIAMI BEACH, FL 33141

SUBJECT: MIAMI CAPOEIRA SOL E LUA, INC.  
Ref. Number: W11000037649

We have received your document for MIAMI CAPOEIRA SOL E LUA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00016966

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

**ARTICLE I NAME**

The name of the corporation shall be: **Miami Sol e Lua Cultural Art Center, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**2200 SW 16th street suite 122**  
**Miami, FL 33145**

Mailing address, if different is \_\_\_\_\_

11 SEP 12 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The objective of Miami Sol e Lua Cultural Art Center is to provide physical education and cultural art through the teaching of Brazilian cultural artforms including but not limited to Capoeira, Maculele, music, and dance. Our programs focus on providing classes and educational opportunities to the community. We seek to provide cultural enrichment, self-respect as well as the respect for others, and physical activities to children as well as individuals of all ages, social backgrounds, and economic capabilities through the teachings of Brazilian cultural arts.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

The directors are appointed at an annual meeting.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Jasmine Rose President**  
Address: **2200 SW 16th street suite 122**  
**Miami, FL 33145**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(Greenfield)  
Name and Title: **Jessica G. Vice president**  
Address: **2200 SW 16th street suite 122**  
**Miami, FL 33145**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: **Phillipa Williams Treasurer**  
Address: **2200 SW 16th street Suite 122**  
**Miami, FL 33145**

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: **Jessica Greenfield**  
Address: **2200 SW 16th st. Suite 122**  
**Miami, FL 33145**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Jessica Greenfield**  
Address: **2200 SW 16th street suite 122**  
**Miami, FL 33145**

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

Jessica Greenfield  
Required Signature of Registered Agent

September 4, 2011

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.

Jessica Greenfield  
Required Signature of Incorporator

September 4, 2011

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA