

N 11 000008780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

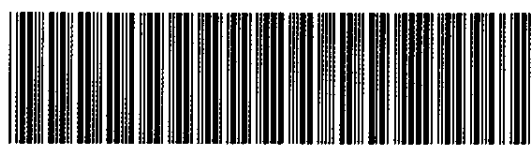
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Krista Richman GAVE
AUTHORIZATION BY PHONE TO
CORRECT Directors
DATE 9/16/2011
DOC. EXAM. Jessica Faxon

Office Use Only



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09/15/11--01020--006 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 15 PM 2:18

FILED

9/16
JB

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

SUBJECT: Miami Pageants 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: Krista Richman
Name (Printed or typed)

400 Alton Rd #1107
Address

Miami Beach, FL 33139
City, State & Zip

609-602-6164
Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be: Miami Pageants Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

400 Alton Rd. #1107
Miami Beach, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Non-profit scholarship pageant,
Preliminary for Miss Florida in the Miss
America Organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

appointed and volunteer

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krista Richman, Director Name and Title:

Address: 400 Alton Rd. #1107 Address:
Miami Beach, FL 33139

Name and Title: Molly Simmons, Director Name and Title:

Address: 400 Alton Rd. #1107 Address:
Miami Beach, FL 33139

Name and Title: Douglas Simmons, Financial Advisor, Director Name and Title:

Address: 400 Alton Rd. #1107 Address:
Miami Beach, FL 33139

ARTICLE VI REGISTERED AGENT

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

Name: Krista Richman
Address: 400 Alton Rd. #1107
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Krista Richman
Address: 400 Alton Rd. #1107
Miami Beach, FL 33139

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

Krista Richman
Required Signature of Registered Agent

9-12-11

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.

Krista Richman
Required Signature of Incorporator

9-12-11

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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