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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 07/03/12

COVER LETTER

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

SUBJECT: **FESTIVAL OF THE FLUTES, INCORPORATED**
(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: **JACK A. BELLAN, ESQ**

Name (Printed or typed)

7401 WILES ROAD SUITE 201

Address

CORAL SPRINGS, FL 33067

City, State & Zip

954-255-9700

1401 N. University Drive
Tallahassee, FL 32310
Telephone number

JACKLAW397@AOL.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 Festival of the Flutes, Incorporated
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1401 N University Drive
Suite 500
Coral Springs, FL 33071

Mailing address, if different is:
7401 Wiles Road
Suite 201
Coral Springs, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Festival of the Flutes is a charitable organization committed to enhance and support charities that make an impact in our community. Through committed individuals, volunteers and local businesses this organization can supply much needed financial support through various fund-raising and educational efforts to other charitable organizations in our area.

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

Shall be on a yearly basis pursuant to the bylaws and procedures of the corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott J. Brook, President
Address: 1401 N University Dr
Suite 500
Coral Springs, FL 33071

Name and Title: Ed Mercer, Treasurer
Address: 10854 Wiles Rd
Coral Springs, FL 33076

Name and Title: Pam Roberts, Vice President
Address: 1535 Three Village Road
Weston, FL 33326

Name and Title: Meryl Kaitlin, Board of Directors
Address: 10854 Wiles Rd
Coral Springs, FL 33076

Name and Title: Tasha Hirsh, Board of Directors
Address: 12115 NW 52nd Street
Coral Springs, FL 33076

Name and Title: Lauri B. Dworkin, Board of Directors
Address: 4613 University Drive
Suite 376
Coral Springs, FL 33067

ARTICLE VI REGISTERED AGENT

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


Name: Jack A. Bellan, Esq.
Address: 7401 Wiles Road
Suite 201
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

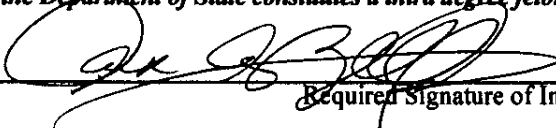
Name: Jack A. Bellan
Address: 7401 Wiles Road
Suite 201
Coral Springs, FL 33067

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

4-15-2012
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

4-15-2012
Date

FILED
12 JUL -2 PM 4:48
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE