

N 13000003844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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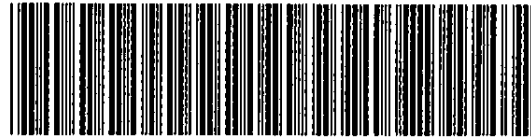
(Business Entity Name)

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DIVISION OF CORPORATIONS
13 APR 22 PM 1:31

4/23/13

COVER LETTER

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

SUBJECT: GATEWAY ART GALLERY, 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: EDDIE M. ANDERSON
Name (Printed or typed)

PO BOX 1179
Address

LAKE CITY, FLORIDA 32056
City, State & Zip

386-754-0771
Daytime Telephone number

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: GATEWAY ART GALLERY, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
461 SW Main Boulevard, Lake City, FL 32055

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This is a not for profit solely for the purposes of administering and directing the delivery, execution and promotion of enjoyment and appreciation of the arts in North Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: at the Annual Meeting
of the membership, to be held as provided in the By-Laws or at other meetings held pursuant to the By-Laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEANNE VAN ARSDALL, DIRECTOR AND PRESIDENT

Address: 4411 SW Van Arsdall Glen
Lake City, Florida 32024

Name and Title: JAMES MONTGOMERY, DIRECTOR

Address: 229 SE Old Manse Glen
Lake City, Florida 32025

Name and Title: HERB ELLIS, DIRECTOR and VICE PRESIDENT

Address: 794 NW Scenic Lake Drive
Lake City, Florida 32055

Name and Title: DOLLY ROBINSON, DIRECTOR

Address: 382 NW Overflow Lake Drive
Lake City, Florida 32055

Name and Title: KIMBERLY GARNER, DIRECTOR AND SECRETARY

Address: 178 SW Deanna Terrace
Lake City, Florida 32025

Name and Title: KELLI RONSONET, DIRECTOR

Address: 2730 NW Brown Road
Lake City, Florida 32055

Name and Title: ROBERT M. HELVEY, DIRECTOR AND TREASURER

Address: 353 SW Mulberry Drive
Lake City, Florida 32024

Name and Title: WALLY REICHERT, DIRECTOR

Address: 423 SW Montgomery Drive
Lake City, Florida 32025

Name and Title: MIKE MILLIKIN, DIRECTOR

Address: 2023 SW State Road 47
Lake City, Florida 32025

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: ROBERT M. HELVEY
Address: 353 SW Mulberry Drive
Lake City, Florida 32024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JEANNE VAN ARSDALL
Address: 4411 SW Van Arsdall Glen
Lake City, Florida 32024

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

4/17/13
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

4/17/13
Date

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