

N/13000006328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

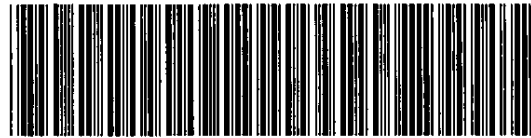
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUL 10 PM 3:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

14

COVER LETTER

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

SUBJECT: Orlando Fashion Week Corporation
(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: Tina T Rodriguez
Name (Printed or typed)

3385 Celena Circle
Address

Saint Cloud ,Florida
City, State & Zip

407 498-8223
Daytime Telephone number

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

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

Tina T Rodriguez

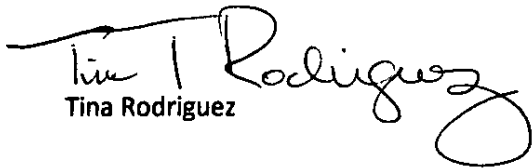
3385 Celena Circle

Saint Cloud Fla 34769

6/28/13

To Divisions of Corporation:

This is to notify that I am Tina T Rodriguez the owner of ORLANDO FASHION WEEK LLC Document # L12000007135 and would like to change to a nonprofit organization (501)3., under the name of Orlando Fashion Week Corporation.


Tina Rodriguez

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

ARTICLE I NAME

The name of the corporation shall be: Orlando Fashion Week Corporation

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
3385 Celena Circle Saint Cloud Fla 34769

Mailing address, if different is:

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TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Is to provide a platform for Central Florida models, designers and talent to demonstrate their talents
to the Central Florida community.

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

President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tina T Rodriguez/President Name and Title: _____

Address: 3385 Celena Circle Address: _____
Saint Cloud ,Fla 34769

Name and Title: James Bridges.VPresident Name and Title: _____

Address: 3385 Celena Circle Address: _____
Saint Cloud ,Fla 34769

Name and Title: Manny Rodriguez/ MGR Name and Title: _____

Address: 3385 Celena Circle Address: _____
Saint Cloud Fl 34769

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Tina T Rodriguez

Address: 3385 Celena Circle

Saint Cloud, Fla 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tina T Rodriguez

Address: 3385 Celena Circle

Saint Cloud, Fla 34769

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

Tina T Rodriguez
Required Signature of Registered Agent

6/20/13
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.

Tina T Rodriguez
Required Signature of Incorporator

6/20/13
Date