

N1300000636Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

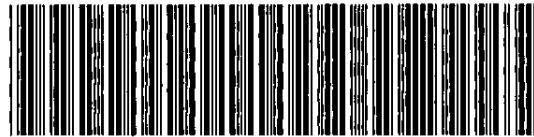
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SECRETARY OF STATE
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WASHINGTON, DC 20520-1224

7/17

Q

COVER LETTER

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

SUBJECT: **Tally Fiesta, 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: **Maria Jose' Villavicencio**
Name (Printed or typed)

1026 East Park Avenue
Address

Tallahassee, FL 32301
City, State & Zip

850.980.0044
Daytime Telephone number

tallyfiesta@gmail.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

The name of the corporation shall be: Tally Fiesta, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Wilhelmina Square

1026 East Park Avenue

Tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of Tally Fiesta, Inc. shall be to promote an understanding and appreciation
of Hispanic/Latino culture in Northern Florida through educational and festive activities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
as provided in the bylaws of the organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Jose Villavicencio, Director

Name and Title: _____

Address: Wilhelmina Square

Address: _____

1028 East Park Avenue

Tallahassee, FL

Name and Title: Rosie Cabrera, Director

Name and Title: _____

Address: 2736 Capital Circle NE

Address: _____

Tallahassee, FL 32308

Name and Title: Pedro Narezo, Director

Name and Title: _____

Address: 1938 Vineland Drive

Address: _____

Tallahassee, FL 32317

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Maria Jose Villavicencio

Address: 1026 East Park Avenue
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Maria Jose Villavicencio

Address: 1026 East Park Avenue
Tallahassee, FL 32301

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

Mj. Villavicencio

Required Signature of Registered Agent

7/16/2013
Date

13 JUL 17 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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.

Mj. Villavicencio

Required Signature of Incorporator

7/16/2013
Date