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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT -2 PM 1:54

10-2-13

## COVER LETTER

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

SUBJECT: **CSDA Dance Association 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: **Salina Glaum**

Name (Printed or typed)

**37 NW Hwy 19**

Address

**Crystal River, FL 34428**

City, State & Zip

**352-794-0006**

Daytime Telephone number

**csdassoc@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)

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**ARTICLE I NAME**

The name of the corporation shall be: CSDA Dance Association Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

37 NW Hwy 19

Mailing address, if different is:

Crystal River, FL 34428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CSDA Dance Association Inc. is committed to providing opportunities for individual growth of students and choreographers in their development of dance. Our focus is on the outcomes of that development: confidence, talent, commitment, teamwork, cooperation and community service.

CSDA Dance Association Inc. will provide funding for dancers and choreographers to attend dance competitions, dance conventions, trade shows, annual recitals and community events. Our mission is to give every child the opportunity to develop a positive self-image through the art of dance.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The directors are appointed by the chair and co-chair.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Salina Glaum / Chair  
Address: 10030 N Marigold Terr.  
Crystal River, FL 34428

Name and Title: Sheri Ardente / Co-Chair  
Address: 9514 W 7 Rivers Farms St  
Crystal River, FL 34428

Name and Title: Carla Stalcup / Secretary  
Address: 12342 W Anemone Ct.  
Crystal River, FL 34428

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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: Sheri Ardente

Address: 9514 W 7 Rivers Farms St  
Crystal River, FL 34428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Salina Glaum

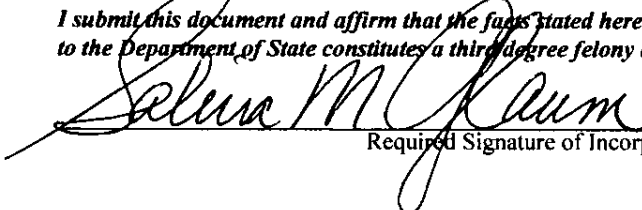
Address: 10030 N Marigold Terr.  
Crystal River, FL 34428

*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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date