# N300010973

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SECRETARY OF STATE

9 DEC −9 PH 4:

# **COVER LETTER**

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

SUBJECT:	NOMADSTUDIO, 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

**87.50** 

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

12450 JULIA ST

SEMINOLE FL 33772

545 7441 312

Daytime Telephone number

CARRIE@NOMADARTBUS, ORG

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

#### OF

# NOMADSTUDIO, INC.

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

### ARTICLE L NAME

The name of the corporation shall be: NOMADstudio, Inc.

#### ARTICLE II PRINCIPAL OFFICE

Principal street address:

12450 Julia St

Seminole, FL 33772-4413

Mailing address:

12450 Julia St

Seminole, FL 33772-4413

#### ARTICLE III PURPOSE

The purposes for which this corporation is organized are for educational and cultural purposes within the meaning of section 501(c)(3) Internal Revenue Code specifically as follows:

- A. To promote the knowledge of and education in arts, with emphasis on the visual arts and communication arts, and to provide a mobile facility for the purpose of teaching, practicing and promoting of all aspects of the arts for the benefit of the public.
- B. To function predominantly as a mobile art space for the general public, essentially educational and aesthetic in purpose, with a goal of stimulating awareness and appreciation of and participation in the arts through events such as workshops, lessons, forums, community gatherings, public art experiences and outreach programs.
- C. To carry out a scheduled "open studio outreach" initiative bringing low or no cost visual arts programming and lessons into underserved neighborhoods.
- D. To be dedicated to (a) raise the artistic standards of the whole community; (b) display the works of professional and student artists; (c) teach art in various media; and (d) such other purposes as may be determined from time to be in the furtherance thereof.
- E. To exercise those powers granted to corporations not for profit as stated in Section 617 Florida Statutes.

#### ARTICLE IV MANNER OF ELECTION

The operation of this corporation shall be managed by the Board of Directors. The Board of Directors shall consist of not less than three (3) persons. The appointment and election of members of the board of Directors, as well as the term of office and eligibility for multiple terms, shall be determined under the Bylaws of this corporation.

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

The corporation's initial Board of Directors shall be comprised of the following three (3) individuals:

Name:

Carolyn P Boucher

Seminole, FL 33772

Name:

Suzanne Crandall Fulton

Title:

President

Title:

Treasurer

Address:

12450 Julia St

Address:

15548 1st St E Redington Beach, FL 33708

Name:

Barbara Lewis Vice President

Title:

2501 2nd Avenue, North

Address:

Saint Petersburg, FL 33713

The following named officers shall conduct the business of the corporation until the next annual meeting:

Name:

Carolyn P Boucher

Name:

Regina Cocks

Title:

**Executive Director** 

Title:

Secretary

# ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Carolyn P Boucher 12450 Julia St

Seminole, FL 33772-4413

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carolyn P Boucher 12450 Julia St

Seminole, FL 33772-4413

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SECRETARY OF STA
TALLAHASSEE FLOR

Having been named as registered agent to accept service of process for the above state 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