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JAVISION OF CORPORATIONS



COVER LETTER

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

SUBJECT: Feathered Serpent Gallery Educational Fund (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: Linda Friedman Ramirez

Name (Printed or typed)

1018 Central Avenue

Address

St Petersburg, Florida 33705

City, State & Zip

727-824-8877

Daytime Telephone number

lindafriedmanramirez@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 The name of the	NAME recorporation shall be: Feathered S	erpent Gallery Educational Fund, End
ARTICLE II	PRINCIPAL OFFICE	
101	Principal <u>street</u> address: 8 Central Avenue St Petersburg, F	Mailing address, if different is:
El c species		in the second se
	or which the corporation is organized is:	Purpose of the Fund shall be to promote the appreciation of Latin American art
		be to provide for the operating costs of educational and cultural presentations,
demonstr	ations, and exhibitions of artis	sts from Latin America within the Tampa Bay area.
ARTICLE IV		runner in which the directors are elected and appointed
The Direct	ors shall initially be appointed by	the Incorporator and thereafter be elected.
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title	Linda Friedman Ramirez, President	Name and Title:
Address	Unit 103	Address:
	1010 Central Avenue	
	St Petersburg, Fl 33705	
Name and Title	Rebecca Johns	Name and Titler
Address	Vice President	Address:
	430 39th Avenue South	
	St Petersburg, FI 33705	
Name and Title	, Mauricio A Vasquez	Name and Title:
Address	Socratary Transurer	Address:
	201 9th Avenue NE	
	St Petersburg, FI 33701	<u></u>

4. Tr			
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 F	lorida street address (P.O. Box NOT		
Name:	Linda Friedman Ran	nirez	
Address:	1018 Central Avenu	<u>e </u>	
	St Petersburg, FI 33	705	
ARTICLE VII	INCORPORATOR (ddress of the Incorporator is		
	Linda Friedman Ramirez		
Name:	Unit 103		
Address:	1010 Central Avenue St Peters		
	1010 Central Avenue St Peters	sburg 33705	
Having been na certificate. I am	familiar with and accept the appointm	vice of process for the above stated corp ent as registered agent and agree to act in Ramper 2	poration at the place designated in this capacity $ \frac{1}{7} \frac{1}{20} $
	Required Signature of Regist	ered Agent	Dale
I submit this doc	ument and affirm that the facts stated nt of State constitutes a third fregree fe	herein are true. I am aware that any fals lony as provided for in s.817.155, F.S.	se information submitted in a doct
to the Departme		Ramini	1/7/2014