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1/22/14

COVER LETTER

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

SUBJECT: **CariDance 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: **A'Keitha Carey**

Name (Printed or typed)

1520 NW 114th Street

Address

Miami, Fl. 33167

City, State & Zip

305-775-5962

Daytime Telephone number

akeithacarey100@hotmail.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: CariDance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1520 NW 114th Street

Miami, Fl. 33167

Mailing address, if different is:
P.O. Box 772706

Coral Springs, Fl. 33077

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CariDance Inc. is designed to facilitate cultural dance performance, education, and research opportunities for under-served students.

Focusing on international and global perspectives, the corporation's emphasis is on relationships and intersectionality of divergent cultures. The primary goal of CariDance Inc. includes educating students in research methodologies.

Culture, gender, sexuality, performance, pedagogy, praxis, and curriculum function in the second tier of the corporation while performance ethnography is situated as the nucleus. Divergent cultures are researched and performed in a theatrical context.

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

Directors will invited based on experience and education.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: A'Keitha Carey; President

Address: PO Box 772706

Coral Springs, FL 33077

Name and Title: _____

Address: _____

Name and Title: Deidre Munroe; Treasurer

Address: PO Box 772706

Coral Springs, FL 33077

Name and Title: _____

Address: _____

Name and Title: Shannon Haynes; Secretary

Address: 4331 NW 194 Street

Miami, FL 33055

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
14 JAN 14 PM 2:23

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: AKeitha Carey

Address: 1520 NW 114th Street
Miami, Fl. 33167

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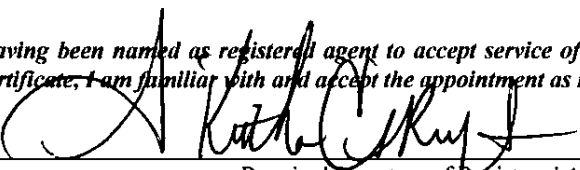
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AKeitha Carey

Address: 1520 NW 114th Street
Miami, Fl. 33167

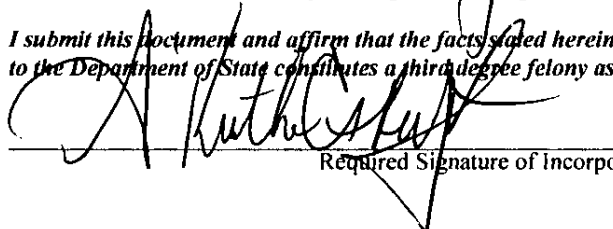
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

1/09/2014
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

1/09/2014
Date