

N140000006341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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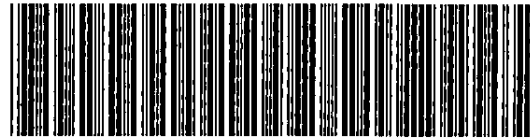
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: JAZZ ON MOORE'S CREEK 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: Leon Porter
Name (Printed or typed)

1234 Ave D
Address

Ft. Pierce, Fl. 34950
City, State & Zip

772-462-2481
Daytime Telephone number

Lincoln Park Mainstreet@live.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: Jazz on Moore's Creek Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1234 Ave. D
Ft. Pierce, FL 34950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Conduct any and all lawful business in order to Build Community unity and Pride and to educate and raise awareness of the communities activities and assets through cultural and musical expressions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The directors are nominated and voluntarily agree to serve yearly.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Leon Porter</u>	Address Title:	<u>President</u>
Address:	<u>1810 Ave. O</u> <u>Ft. Pierce, FL 34950</u>	Mailing Address:	<u>P.O. Box 880932</u> <u>Port. St. Lucie, FL 34988</u>

Name and Title:	<u>Peggy Brown Harris</u>	Address Title:	<u>Vice President</u>
Address:	<u>2702 Avenue I</u> <u>Ft. Pierce, FL 34947</u>	Address:	

Name and Title:	<u>Bennie Clark, Sr.</u>	Address Title:	<u>Sec/Tres</u>
Address:	<u>1812 Avenue M</u> <u>Ft. Pierce, FL 34950</u>	Address:	

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:

PAM CARITHERS

Address:

1234 Ave D
Ft. Pierce, FL 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Leon Porter

Address:

1810 Ave O
Ft. Pierce, FL 34950

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

x [Signature] Print Name
Required Signature of Registered Agent

6-25-14

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.

x [Signature] (LEON PORTER)
Required Signature of Incorporator

6-25-14

Date

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TALLAHASSEE FLORIDA