

N14000007040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

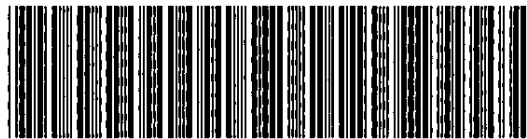
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 28 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K* 07/29/14

**COVER LETTER**

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

SUBJECT: MULTICULTURAL ARTS GUILD 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: MARCIA MARINELLO  
Name (Printed or typed)

511 D. PARK ST.  
Address

CRESCENT CITY, FL 32112  
City, State & Zip

386-698-4090  
Daytime Telephone number

beachmom4ever@yahoo.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: MULTICULTURAL QMS Guild INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

236 CENTRAL AVE.  
CRESCENT CITY, FL  
32112

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: a home for cultural  
enrichment. The organization offers  
engaging opportunities and educational  
experiences to enhance and develop  
the life of our community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: DIRECTORS  
ELECTED BY CORE GROUP

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

Name and Title: MARCIA MARCELLO - PRES. Name and Title: \_\_\_\_\_

Address: 511 N. PARK ST. Address: \_\_\_\_\_  
CRESCENT CITY, FL.  
32112

Name and Title: SANDRA HEIDEMAN D.P. Name and Title: \_\_\_\_\_

Address: 123 FOLKLORE DR. Address: \_\_\_\_\_  
SATSUMA, FL  
32189

Name and Title: DODDA CONLEY SEC. TREAS. Name and Title: \_\_\_\_\_

Address: 236 CENTRAL Address: \_\_\_\_\_  
CRESCENT CITY, FL.  
32112

SECRETARY OF STATE  
PALM BEACH, FLORIDA

14 JUL 28 AM 11:50

FILED

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: DONNA CONEY

Address:

236 CENTRAL AVE  
CRESCENT, city, FL 32112

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

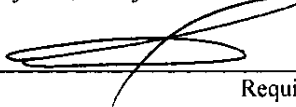
MARCIA MARVELLO

Address:

511 N. PARK ST.  
CRESCENT city, FL 32112

FILED  
14 JUL 28 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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

7/24/14

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.

Marcia Marrello

Required Signature of Incorporator

7/24/14

Date