

N140000007496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

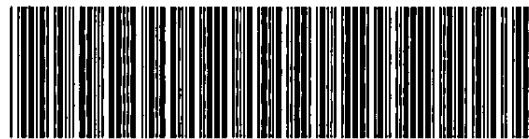
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/14--01009--007 **87.50

14 AUG -8 AM 7:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-46032

COVER LETTER

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

SUBJECT: SOUTH FLORIDA CARIBBEAN CHORALE
(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: Steve Higgins
Name (Printed or typed)

2639 OAK PARK CIRCLE
Address

DAVIE, FL 33328
City, State & Zip

954-670-3499
Daytime Telephone number

shiggins101@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2014

STEVE HIGGINS
2639 OAK PARK CIR
DAVIE, FL 33328

SUBJECT: SOUTH FLORIDA CARIBBEAN CHORALE
Ref. Number: W14000046032

*Please see below
Steve*

We have received your document for SOUTH FLORIDA CARIBBEAN CHORALE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 114A00016088

*The word "INC" has been added
Steve
8/6/14.*

RECEIVED
TALLAHASSEE, FLORIDA

14 AUG - 8 PM 2:45

40

ARTICLES OF INCORPORATION
In compliance with Chapter 607, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: SOUTH FLORIDA CARIBBEAN CHORALE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2639 Oak Park Circle, Davie, Fl. 33328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 1) To perform musical pieces while officiating at the annual Jamaican ecumenical independence services 2) To perform music from Jamaica & The Caribbean throughout the Diaspora, at Community events as requested from time to time, as keepers of our culture in the Diaspora and beyond.
3) To provide a cadre of musicians and soloists to appear on request to sing at a variety of functions
4) To share our music through cultural exchanges with overseas groups, communities and entities
5) To give back to the community by giving annual free concerts from time to time- e.g., Christmas
6) To develop a repertoire of Classical, Contemporary, Folk and other genres in order to serve Purposes 1-5

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

Appointed by Executive Director in collaboration with Holly Bowen

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mr. Steve Higgins, Executive Dir

Address 2639 Oak Park Circle

Davie , Florida 33328

Name and Title: Maureen Matthews

Address: 4530 NW 71 AVENUE

Lauderhill Fl. 33319

Name and Title: Holly Bowen Director

Address 4301 NW 36th Ave

Lauderdale Lakes Fl 33309

Name and Title: Haldane Worrell Director

Address: 12337 SW 49th Ct

Cooper City Fl. 33330

Name and Title: Pamelia Currie Director

Address 1040 NW 80th Ave #201

Margate Fl. 33063

Name and Title: Michelle James

Address: 5308 NW 190th Street

Miami Fl 33055

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FILED
CLERK OF THE
COURT
DADE COUNTY
FLORIDA

Name and Title: June Small (Director)

Address: 4279 NW 38th Ave
Lauderdale Fl 33309

Name and Title: _____

Address: _____

Name and Title: Heather Chin-Loy (Director)

Address: 4766 NW 114 Drive
Coral Springs Fl 33076

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Steve Higgins

Address: 2639 Oak Park Circle
DAVIE, FL 33328

ARTICLE VII INCORPORATOR

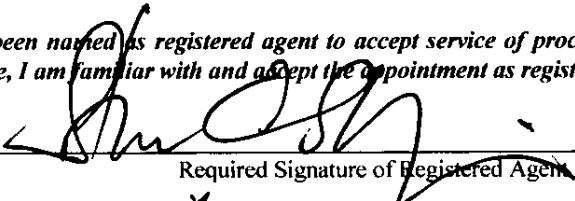
The name and address of the Incorporator is:

Name: Steve Higgins

Address: 2639 Oak Park Circle
DAVIE, FL 33328

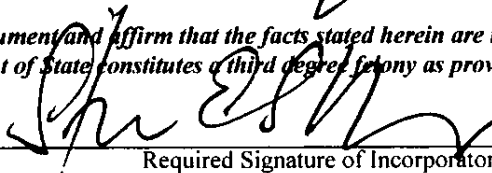
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7/22/14
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.


Required Signature of Incorporator

7/22/14
Date