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RECEIVED
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Orange Island Arts Foundation, 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: Orange Island Arts Foundation

Name (Printed or typed)

5544 NW 55 DR

Address

Coconut Creek, FL 33073

City, State & Zip

954-701-5430

Daytime Telephone number

Laura@OrangelslandArtsFoundation.org

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: Orange Island Arts Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

Orange Island Arts Foundation, Inc.

5544 NW 55 DR

Coconut Creek, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Orange Island Arts Foundation seeks to create an arts community
rising our of Broward County Florida with the aim for global reach.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: At a meeting,
candidates are nominated, elected by vote, and then appointed to office.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura McDermott Matheric, President / Executive Director

Address

5544 NW 55 DR

Coconut Creek, FL 33073

Name and Title: _____

Address: _____

Name and Title: Walter Matheric III, Vice President

Address

5544 NW 55 DR

Coconut Creek, FL 33073

Name and Title: _____

Address: _____

Name and Title: Barbara McDermott, Treasurer

Address

804 SE 16 PL

Deerfield Beach, FL 33441

Name and Title: _____

Address: _____

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RECEIVED
DIVISION OF CORPORATE AFFAIRS
FLORIDA SECRETARY OF STATE

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:

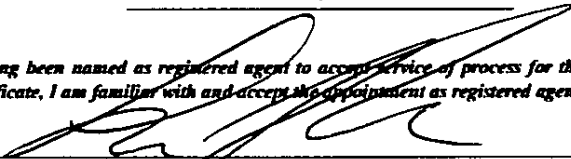
Name: Laura McDermott Matheric
Address: 5544 NW 55 DR
Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laura McDermott Matheric
Address: 5544 NW 55 DR
Coconut Creek, FL 33073

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

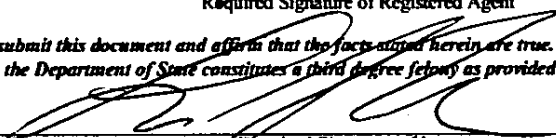


Required Signature of Registered Agent

8/1/2014

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

8/1/2014

Date

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DIVISION OF CORPORATIONS
AND SECRETARIES
TALLAHASSEE, FLORIDA