

N 14 0000 11164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

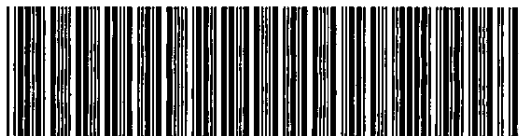
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/8/14

COVER LETTER

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

SUBJECT: The East Pasco Venue for Arts, 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: Sheri Testa-Eskeland
Name (Printed or typed)

14330 7th Street
Address

Dade City, FL 33523
City, State & Zip

(813) 263-0933
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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: The East Pasco Venue for Arts, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

14330 7th Street

Dade City, FL. 33523

Mailing address, if different is:

Same

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote activities and education in creative arts and to showcase the community and feature local artist of all ages.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Shall be as provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sheri Testa-Eskelund

Name and Title: Peter Stickney

Address

President

Address:

Secretary

14330 7th St.

14330 7th Street

Dade City, FL, 33523

Dade City, FL, 33523

Name and Title:

Diane Stickney

Name and Title:

Address

Vice President

Address:

14330 7th Street

Dade City, FL., 33523

Name and Title:

Ronald Eskelund, Jr.

Name and Title:

Address

Treasurer

Address:

14330 7th Street

Dade City, FL., 33523

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: Peter Stickney

Address: 14330 7th Street

Dade City, FL, 33523

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sheri Testa-Eskelund

Address: 14330 7th Street

Dade City, FL, 33523

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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

16 Nov 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

Nov 16, 2014
Date