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SECRETARY OF STATE

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W PAINTER

COVER LETTER

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

SUBJECT:	Tally Shorts 1							
	TPROPOSED CORP	ORATE NAMÉ – <u>MÚST IN</u>	<u>CLUDE SUFFIX</u>)					
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						
FPOM-	Richard R	boards						

Name (Printed or typed)

202 Hoffman Orive
Address

Tallahassee, FL 32312
City, State & Zip

(321) 480-5138

Daytime Telephone number

rich & tally shorts. 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)

The name of the corporation shall be: Tally Shorts Film Festival, Inc.
ARTICLE II PRINCIPAL OFFICE
Principal street address: Mailing address, if different is: 202 Hoffman Drive
Tallahassee, FL 32312
The purpose for which the corporation is organized is: To Nurture and Cultivate Art in the communities Community by way of building and
maintaining a Film community, increase awareness of independent
maintaining a film community, increase awareness of independ chema, partnering with and sponsoring organizations dedicated to film education.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Richard Robards Name and Title: Mark Baver
Address 202 Hoffman Drive Address: 923 Carraway in rees
Tallahassee, FL 32312 Tallahassee, FL 32301 & Tallahassee
(Director) (Director) = = = ==============================
Name and Title: Carde Robards Name and Title: Patty Backes
Address 202 Hottman Drive Address: 6600 Migman (a)
Tallahassee, FL 32312 Tallahassee, FL 32309
(Director) (Director)
Name and Title: Name and Title:
Address:

Name and Title:		Name and Title:				
Address	·	Address:				
		_				
Name and Title:		Name and Title:				
Address		Address:				
						
	EGISTERED AGENT rida street address (P.O. Box NOT acce	ptable) of the register	ed agent is:			
Name:	Richard Robards		- - -	型企	र्ज ज	
Address:	202 Hoffman Prix	e	•		70	
	202 Hoffman Prix Tallahassee, FL 3231	2	N.		29	
	NCORPORATOR Iress of the Incorporator is:	-		100 M	9h :th 149	
Name:		<u>, </u>			. ,	
Address:	202 Hoffman Dri	ve				
	Richard Robards 202 Hoffman Dri Tallahassee, FL 3	2312				
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific ar			90 busi	ness da	ys
	nserted in this block does not meet the ap ve date on the Department of State's reco		ling requirements, this date will n	ot be lis	ted as th	ne
	ed as registered agent to accept service miliar with and accept the appointment of			,	1	/
			_ 	9 9	<u>/29</u>	//5
Namburia dain da ar	Required Signature of Registered	•	Dispared that any false information su	ale '/	in a da	ouman!
	ment and affirm that the facts stated her of State constitutes a third degree felony			/ /	/	.ameni
/			9/	129	//	
	Required Signature of Incom	rporator)ate	7	