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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

15 OCT 26 PM 2:19

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*g* 11/2/15

## COVER LETTER

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

**SUBJECT:** Reservation Blues 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:** Ellyn J. Chapman  
Name (Printed or typed)

1156 Juniper Creek Court  
Address

Altamonte Springs, FL 32714  
City, State & Zip

407-917-6693  
Daytime Telephone number

emc@reservationblues.org

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**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: Reservation Blues Foundation, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

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Principal street address:  
1156 Juniper Creek Court

Mailing address, if different is: STATE OF FLORIDA  
FALL WASSER, FLORIDA

Altamonte Springs, FL 32714

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized and operated exclusively for charitable and educational purposes within the meaning of 501 (c)(3) of the Internal Revenue Code. The specific purposes for which this corporation is organized are: to celebrate music excellence; to provide financial assistance and/or instruments for musical instruction to Native American youth; to provide financial assistance for medical or funeral costs to Native American musicians.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as stated in the bylaw

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

Name and Title: Ellyn J. Chapman, President

Name and Title: Jeffrey S. Chapman

Address 1156 Juniper Creek Court  
Altamonte Springs, FL 32714

Address: 1156 Juniper Creek Court  
Altamonte Springs, FL 32714

Name and Title: Jill Clause  
Address 2211 Upper Mountain Road  
Sanborn, NY 14132

Name and Title: Edward M. Koban  
Address: 5871 North Kline Road  
Lewiston, NY 14092

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Ellyn J. Chapman  
Address: 1156 Juniper Creek Court  
Altamonte Springs, FL 32714

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ellyn J. Chapman  
Address: 1156 Juniper Creek Court  
Altamonte Springs, FL 32714


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

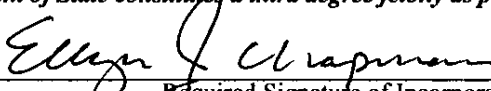
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/22/2015  
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

10/22/2015  
Date