

NS000011913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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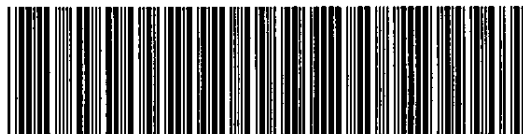
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Soaring Sounds Tampa, 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: Soaring Sounds Tampa

Name (Printed or typed)

P.O. Box 16423

Address

Tampa, FL 33687

City, State & Zip

813-551-2849

Daytime Telephone number

joe@soaringsoundstampa.org

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

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

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

Soaring Sounds Tampa, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
502 Druid Hills Rd

Temple Terrace, FL 33617

Mailing address, if different is:
P.O. Box 16423

Tampa, FL 33687

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ to educate and inspire the Tampa Bay area through a diverse offering of programs including concerts, master classes, educational camps, and lectures.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____ Annual elections

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Joseph Mendolia, Executive & Artistic Dir

Address: _____
7503 W Riverchase Dr.
Temple Terrace, FL 33637

Name and Title: _____ Jerry Eddlemon, President

Address: _____
602 Sandalwood Dr.
Plant City, FL 33563

Name and Title: _____ Garrett Bryant, Treasurer

Address: _____
P.O. Box 16423
Tampa, FL 33687

Name and Title: _____ Anthony Mendolia, Secretary

Address: _____
2316 Holly Bluff Ct.
Plant City, FL 33563

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

| | |
|-----------------------|-----------------------|
| 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: Joseph Mendolia
 Address: 7503 W Riverchase Dr.
Temple Terrace, FL 33637

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Mendolia
 Address: 7503 W Riverchase Dr.
Temple Terrace, FL 33637

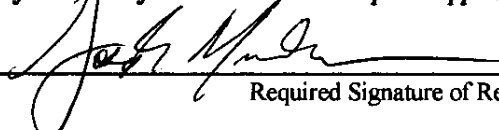
ARTICLE VIII EFFECTIVE DATE:

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

12/8/15
 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

12/8/15
 Date