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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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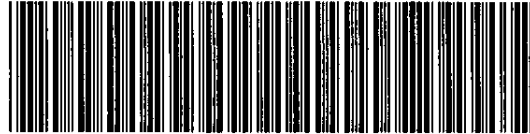
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2016
T. LEMIEUX

COVER LETTER

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

SUBJECT: CULTURAL 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: TIMOTHY GATES
Name (Printed or typed)

7549 DINSMORE STREET
Address

BROOKSVILLE, FLORIDA 34613
City, State & Zip

352-597-0107
Daytime Telephone number

tgates0300@aol.com

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)

The name of the corporation shall be: COLFORD ARTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7549 DINSMORE STREET

BROOKSVILLE, FLORIDA 34613

Mailing address, if different is:
SAME AS PRINCIPAL

ARTICLE III PURPOSE

ARTICLE III PURPOSE THE PURPOSE OF THE CLUB IS TO EXPAND BALLROOM DANCING .
The purpose for which the corporation is organized is: _____
ON THE WEST COAST OF FLORIDA, WHICH INCLUDES BROOKSVILLE TO TAMPA, FLORIDA. THE REASON FOR

THE ORGANIZATION AND ACTIVITIES IS TO MAINTAIN AND KEEP ALIVE BALLROOM DANCING IN THIS AREA.

PARTICIPANTS AGES RANGE FROM 55 TO 90. DANCING FACILITIES THROUGHOUT THE AREA ARE DROPPING

BALLROOM DANCE ACTIVITIES TO CATER TO A YOUNGER GENERATION THAT PREFERS WESTERN LINE

DANCING AS WELL AS ROCK'N ROLL.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ELECTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLE GATES - DIRECTOR

Address 7549 DINSMORE STREET
BROOKSVILLE, FLORIDA 34613

Name and Title: BONNIE JORDAN - PRESIDENT

Address: 11485 SHEFFIELD ROAD
SPRING HILL, FLORIDA 34608

Name and Title: TIMOTHY GATES - VICE-PRESIDENT

Address 7549 DINSMORE STREET
BROOKSVILLE, FLORIDA 34613

Name and Title: CAROLE GATES - TREASURER

Address: 7549 DINSMORE STREET
BROOKSVILLE, FLORIDA 34615

Name and Title:

Address

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 FEB 12 P 12:58
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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: Timothy Gates

Address: 7549 Dinsmore Street
Brooksville, Florida 34613

ARTICLE VII INCORPORATOR

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

Name: Timothy Gates

Address: 7549 Dinsmore Street
Brooksville, Florida 34613

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: February 1, 2016. (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

Timothy Gates
Required Signature of Registered Agent

February 5, 2016
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.

Timothy Gates
Required Signature of Incorporator

February 5, 2016
Date