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DIVISION OF CORPORATIONS
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K 02/24/16

COVER LETTER

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

SUBJECT: Chitlin' Circuit Preservation Society, 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: Scott E. Place

Name (Printed or typed)

36931 Church Ave.

Address

Dade City, FL 33525

City, State & Zip

352-807-3380

Daytime Telephone number

spbuzzplace@aol.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)

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ARTICLE I NAME

The name of the corporation shall be: Chitlin' Circuit Preservation Society, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

13431 Bull Road

Dade City, FL 33525

Mailing address, if different is:

c/o Scott E Place

36931 Church Ave.

Dade City, FL 33525

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Organized for the preservation of Chitlin' Circuit venues to restore
these historic African American cultural sites, to promote the African American heritage, and educate the community at large
of its value and contribution to American music history.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected by vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott E Place, President

Address: 36931 Church Ave.

Dade City, FL 33525

Name and Title: Janet Franks, Treasurer

Address: 18321 Townsend House Rd.

Dade City, FL 33523

Name and Title: Warren Godbolt, Vice-President

Address: 14425 Delmar St.

Dade City, FL 33525

Name and Title: _____

Address: _____

Name and Title: Jim L. Bridges, Secretary

Address: 3922 West Cass St.

Tampa, FL 33609

Name and Title: _____

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: Scott E Place
Address: 36931 Church Ave.
Dade City, FL 33525

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott E Place
Address: 36931 Church Ave.
Dade City, FL 33525

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

Scott E. Place
Required Signature of Registered Agent

2/12/16
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.

Scott E. Place
Required Signature of Incorporator

2/12/16
Date