

N16000002949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

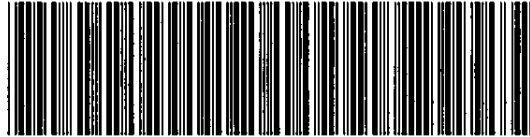
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAR 11 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Al Oulgan MAR 11 2016

## COVER LETTER

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

SUBJECT: ARTISTS AND COTTAGE ENTREPRENEURS 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: PETER DETORE  
Name (Printed or typed)

436 TUSKEGEE DR  
Address

LANTANA, FL 33462  
City, State & Zip

561-537-0524  
Daytime Telephone number

PADETOREJR@JUNO.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)

ARTICLE I NAME

The name of the corporation shall be:

ARTISTS AND COTTAGE ENTREPRENEURS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

436 TUSKEGEE DR  
LANTANA, FL 33462

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SUPPORT ARTISTS  
AND COTTAGE ENTREPRENEURS AND MAKERS  
OF USEFUL AND OR ARTFUL OBJECTS OR  
MATERIALS AT THE LOCAL LEVEL,  
AND TO CREAT AND ORGANIZE EVENTS  
TO RAISE FUNDS AND TO EDUCATE THE PUBLIC  
TO THE NEEDS OF ARTISTS AND COTTAGE ENTREPRENEURS.

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

ANNUAL GENERAL ELECTION BY MEMBERSHIP

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NINA KAUDER PRESIDENT

Address: 1809 N PALMWAY

LAKE WORTH

FL 33460

Name and Title: ELISE CROHN SECRETARY

Address: 11 2ND AVE SOUTH

LAKE WORTH

FL 33460

Name and Title: PETER DETORE TREASURER

Address: 436 TUSKEGEE DR

LANTANA

FL 33462

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 MAR 11 PM 2:41

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:

PETER DETORE

Address:

436 TUSKEGEE DR  
LANTANA FL 33462

16 MAR 11 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

PETER DETORE

Address:

436 TUSKEGEE DR  
LANTANA FL 33462

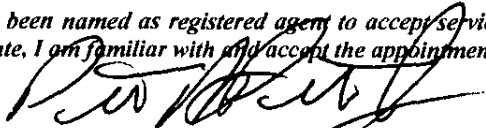
**ARTICLE VIII EFFECTIVE DATE:**

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

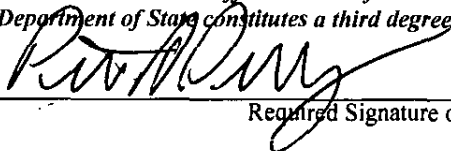


Required Signature of Registered Agent

3-8-2016

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.



Required Signature of Incorporator

3-8-2016

Date