

N/6000003006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

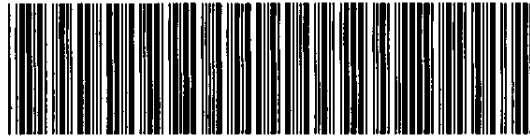
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100283265271

03/14/16--01018--010 **78.75

15 MAR 16 PM 12:40

FILED
MAR 16 2016
FBI - MEMPHIS

03/22/16

COVER LETTER

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

Chance 2 Dance, Inc.

SUBJECT: _____
(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: Nicole Warren

Name (Printed or typed)

820 W. Charing Cross Cir

Address

Lake Mary, FL 32746

City, State & Zip

850.293.2516

Daytime Telephone number

chance2danceFL@gmail.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

Chance 2 Dance, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
820 W. Charing Cross Cir.

Mailing address, if different is:

Lake Mary FL, 32746

ARTICLE III PURPOSE

To give everyone the opportunity, no matter their physical or mental status
The purpose for which the corporation is organized is: _____

the ability and chance to dance. The primary purpose of this company is both charitable and educational. We will work with

organizations in the state such as Angels Center For Autism by going in certain times during the week and providing dance

classes for their children. As we grow, we will hire and train dance teachers to work with disabled students at different locations.

Our concern is not primarily about income from this operation, as we will be working with every client individually to help their

kids out, and our goal is to be able to work with every organization that wants us, even if they cannot afford to pay our teachers.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____ Nicole & Kyle

Nominate, then the board votes.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kyle Kirby Name and Title: Nicole Warren

Address: 518 Douglas Ave. #1222 Address: 820 W. Charing Cross Cir

Altamonte Springs FL, 32714 Lake Mary FL, 32746

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: _____
518 Douglas Ave #1222
Address: _____
Altamonte Springs FL, 32714

ARTICLE VII INCORPORATOR

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

Name: _____
Nicole Warren
Address: _____
820 W. Charing Cross Cir
Lake Mary FL, 32746

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

3/10/16

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.

Required Signature of Incorporator

3-10-16

Date