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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 MAR 31 PM 12:49

N. Gulligan APR - 6 2016

## COVER LETTER

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

**SUBJECT:** Bold Beauty Project, 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:** Rochelle Baer  
\_\_\_\_\_  
Name (Printed or typed)

1581 Brickell Ave. #2107  
\_\_\_\_\_  
Address

Miami, Florida 33129  
\_\_\_\_\_  
City, State & Zip

786 338-3103  
\_\_\_\_\_  
Daytime Telephone number

shelly@boldbeautyproject.comB

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: Bold Beauty Project, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1581 Brickell Ave. #2107  
Miami, FL 33129

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MAILING ADDRESS, IF DIFFERENT IS:  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To produce, promote and exploit the Bold Beauty Project, a  
visual arts exhibit and related activities featuring art of women with varying disabilities.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Annually by prior board  
of directors

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Rochelle Baer, President</u>	Name and Title:	<u>Eva Ritvo, Vice-President</u>
Address	<u>1581 Brickell Ave. #2107</u>	Address:	<u>1000 Venetian Way #601</u>
	<u>Miami, FL 33129</u>		<u>Miami Beach, FL 33139</u>
Name and Title:	<u>Sandra Baer, Treasurer</u>	Name and Title:	<u>Starr Sariego, Secretary</u>
Address	<u>7606 SW 54 Ave.</u>	Address:	<u>1114 Madrid Street</u>
	<u>Miami, FL 33143</u>		<u>Coral Gables, FL 33134</u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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: Rochelle Baer  
Address: 1581 Brickell Ave. #2107  
Miami, FL 33129

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Rochelle Baer  
Address: 1581 Brickell Ave. #2107  
Miami, FL 33129

**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

3/23/16  
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

3/23/16  
Date