

N16000004650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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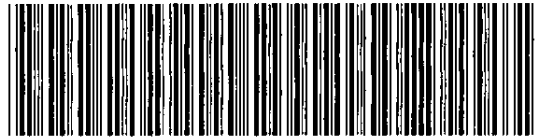
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

6 MAY - 6 PM 4:18

APPROVED
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05/09/16--01004--003 **87.50

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

16 MAY - 6 PM 4:03

RECEIVED
DEPARTMENT OF STATE

05/06/16

COVER LETTER

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

SUBJECT: Alpha Dolls Dance 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: Sherkira Lynnette Stacy
Name (Printed or typed)

2731 Blairstone Rd Apt 144
Address

Tallahassee, FL 32301
City, State & Zip

850-345-8050
Daytime Telephone number

sherkirstacy@yahoo.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: Alpha Dolls Dance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2731 S Blairstone Rd, 144
Tallahassee, FL, 32301

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Raise self-esteem, confidence, and
the awareness of violence and prevention methods, among
the youth and young adults of our community.
Adherent about illuminating our youth's future.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: 2 meeting
arranged by President Sherkira C. Stacy (By a vote)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherkira C. Stacy-Funkley Name and Title: Sherkira C. Stacy / President

Address: 2731 S Blairstone Rd, 144 Address: 2731 S Blairstone Rd, 144
Tallahassee, FL, 32301 Tallahassee, FL, 32301

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: Sherkira C. Stacy

Address: 2731 S Blairstone Rd, 144
Tallahassee, FL, 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherkira C. Stacy

Address: 2731 S Blairstone Rd, 144
Tallahassee, FL, 32301

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TALLAHASSEE, FLORIDA

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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

05/06/2016
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

05/06/2016
Date