

N16000004811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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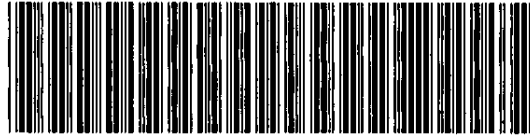
(Business Entity Name)

(Document Number)

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16 MAY -5 PM 4:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/17

COVER LETTER

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

SUBJECT: SWAMP 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: Patricia M High
Name (Printed or typed)

330-1 Sleepy Hollow Dr
Address

Interlachen FL 32148
City, State & Zip

386-546-6554
Daytime Telephone number

PM - HIGH@YANOO.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: SWAMP DANCE, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

330-1 Sleepy Hollow Dr
Interlachen FL 32148

Mailing address, if different is: _____
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote health And
well being in Florida through Agriculture/Nutrition
education

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

Appointed by the counsel for 5 years

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia High - Director Name and Title: Nicole Ratkovic - Coordinator

Address 330-1 Sleepy Hollow Dr Address: 330-1 Sleepy Hollow Drive
Interlachen FL 32148 Interlachen FL 32148

Title - Director Title - Coordinator

Name and Title: Michael Woodward - Administrator Name and Title: _____

Address P.O. Box 92 Address: _____
Interlachen FL 32148

Title - Administrator

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Nicole Ratkovic

Address: 330-1 Sleepy Hollow Dr
Interlachen FL 32148

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia High

Address: 330-1 Sleepy Hollow Dr
Interlachen FL 32148

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 1 2016 (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

Nicole Ratkovic
Required Signature of Registered Agent

May 1, 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.

Patricia M. High
Required Signature of Incorporator

May 1, 2016
Date