

N16000004870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

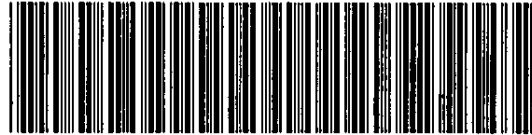
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: \_\_\_\_\_

A Cappella, 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: \_\_\_\_\_

Petra Perez

Name (Printed or typed)

450 N.W. 139th

Address

N. Miami, FL 33168

City, State & Zip

786-985-4776

Daytime Telephone number

tatyperez8@aol.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:

A Capella Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

450 n.w. 139st.

N. Miami, FL. 33168

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Motive young people to develop and grow in a positive environment in the arts of, Singing, dancing, play-instruments, etc. Giving the positive message our community needs. Giving a purpose and changing their minds to be productive and innovator for good changes in our young people and our community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Directors were elected in a meeting, after check the qualification for the job.

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

Name and Title: Petrat Perez - President Name and Title: \_\_\_\_\_

Address: 450 n.w. 139st. Address: \_\_\_\_\_

N. Miami, FL. 33168

Name and Title: Alkides Perez - Administrator Name and Title: \_\_\_\_\_

Address: 450 n.w. 139st. Address: \_\_\_\_\_

N. Miami, FL. 33168

Name and Title: Isaacchar Perez - Secretary Name and Title: \_\_\_\_\_

Address: 450 n.w. 139st. Address: \_\_\_\_\_

N. Miami FL. 33168

FILED  
16 MAY - 8 AM 8:04  
CLERK OF DISTRICT COURT  
N. MIAMI, FL. 33168

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: \_\_\_\_\_

Issachar Perez

Address: \_\_\_\_\_

450 N.W. 139th

N. Miami, FL 33168

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Petra Perez

Address: \_\_\_\_\_

450 N.W. 139th

N. Miami, FL 33168

**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*

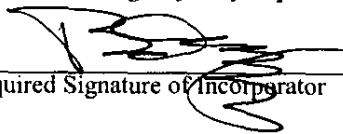


Required Signature of Registered Agent

05/05/16

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

05/05/16

Date