

N160000006271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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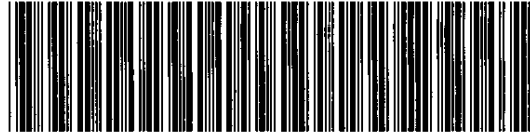
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN 15 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

41-16/22/16

COVER LETTER

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

SUBJECT: Gulf Coast Guitar Foundation

(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: Jimmy Moore

Name (Printed or typed)

301 36th Ave NE

Address

St. Petersburg, FL 33704

City, State & Zip

813-417-1209

Daytime Telephone number

jimmymooreguitar@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

The name of the corporation shall be: Gulf Coast Guitar Foundation Incorporated

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
301 36th Ave NE

St. Petersburg, FL 33704

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Promote the education, appreciation, and significance of the classical guitar as a solo and chamber music instrument

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Zachary Johnson, Artistic Director</u>	Name and Title:	<u>Jimmy Moore, President</u>
Address	<u>3443 Dover Street</u>	Address:	<u>301 36th Ave NE</u>
	<u>Sarasota, FL 34235</u>		<u>St. Petersburg, FL 33704</u>

Name and Title:	<u>Michelle Leigh Moore, Treasurer</u>	Name and Title:	
Address	<u>301 36th Ave NE</u>	Address:	
	<u>St. Petersburg, FL 33704</u>		

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: Jimmy Moore
Address: 301 36th Ave NE
St. Petersburg, FL 33704

ARTICLE VII INCORPORATOR

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

Name: Jimmy Moore
Address: 301 36th Ave NE
St. Petersburg, FL 33704

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TALLAHASSEE FLORIDA

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

Dr. Jimmy Moore
Required Signature of Registered Agent

5-18-2016
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.

Dr. Jimmy Moore
Required Signature of Incorporator

5-18-2016
Date