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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

7/24/16

## COVER LETTER

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

SUBJECT: "D" CENTER STAGE INCORPORATED  
(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: NORRIS FORDE  
Name (Printed or typed)

6321 NW 179 TERR  
Address

HALEAH FL. 33015  
City, State & Zip

305 303-27  
Daytime Telephone nu

E-mail address: (to be used for future annual repc

NOTE: Please provide the original and

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: "D" CENTER STAGE INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

6321 NW 179 TERRACE  
HALEAH FL 33015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide cultural services in the form of events, in the effort and goal to serve the Caribbean-American community. This corporation is also organized to provide community services to under-privileged children in the community. This corporation also provides free music tutoring, exposing Caribbean-American children to musical genres of their culture through steel bands.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

ANNUALLY BY BALLOT

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

Name and Title: NORRIS FORDE Name and Title: COURTNEY WILLIAMS

Address: 6321 NW 179 TERRACE Address: 1411 NW 202 ST  
HALEAH FL 33015 MIAMI FL 33169  
DIRECTOR TREASURER

Name and Title: STANLEY DALRYMPLE Name and Title: SYLVAN LEWIS

Address: 18610 NW 8 AVE Address: 4350 HILL CREST DR  
MIAMI FL 33164 HOLLYWOOD 33021  
ASSISTANT DIRECTOR ASSISTANT SECRETARY

Name and Title: DONAVAN CHERRY Name and Title: \_\_\_\_\_

Address: 930 NW 800 ST Address: \_\_\_\_\_  
MIAMI GARDENS 33169  
SECRETARY

15 JUL 22 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: STANLEY DALRYMPLE  
Address: 18610 NW 8 AVE  
MIAMI FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NORRIS FORRE  
Address: 6321 NW 179 TERR  
HALEAH FL 33015

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 20<sup>th</sup> 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

Stanley Dalrymple  
Required Signature of Registered Agent

7/20/2016  
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.

Norris Forre  
Required Signature of Incorporator

7/20/2016  
Date

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