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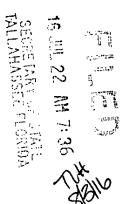
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COVER LETTER

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

SUBJECT: D" CEMTER 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 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 TEM
Address

305 303-27

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

NOTE: Please provide the original and

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

ARTICLE I The name of	NAME the corporation shall be:	ENTER	STAGE INCOL	2PGRATED
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address:		Mailing address, if different is:	
	6321 NV	4 179	TERRACE	
	HIALEAH	<u> </u>	TERRACE 4. 33015	
ARTICLE II	U PURPOSE			
The purpose	for which the corporation is organized is:	o provid	e cultural services in	the
	n of events, in the	•		
	Caribbean - America			
	so organized to prov		,	
	eged children in the		.	
•	ides free music tu		<u> </u>	
	ren to musical gen			
ARTICLE IV	MANNER OF ELECTION The manner			
· Aner	ualy BY BAlloT	•		
<u>ARTICLE V</u>			TA:S	romale roma
Name and Ti	the NERAS FORDE	Name and Title	COURTNEY WILLIAMS	The state of the s
Address	6321NW 179 TEN	ZAddress:	1411 NW 202 ST	12 g
	HIALEAH 72 33.	015	MIAMI FL 33169	3 11
	· ·		TREASURER	7.
Name and Ti	HE:STANLEY DALRYMPLE		5 ∭	Ön .
Address	18610 NW 8AVE	_ Address:	4350 HILL CREST 9	DR
	MIAMI FL 33164			
	ASSISTANT DIRECTOR	-	ASSISTANT SECRETA	RY
Name and Ti	INDONAVAN CHERRY	Name and Title:		
Address	930 NW 2008+			
	MIAMI GARGENS 33169	3.		
	ISECRETARY.	-		

Name and Title:	₹	Name and Title:	
Address	•	Address:	
		· . · · · · · · · · · · · · · · · · · ·	<u>_</u>
Name and Title:		Name and Title:	
Address			
		110di 655.	
-mau-n			
ARTICLE VI	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:	STANLEY DALRYMPL	. <u>E</u>	
Address:	18610 NW 8 AVE		TAIS
	MIAMI FL 33169		
			22 1
	INCORPORATOR Incorporator is:		Sign in
Name:	Nonnis Fore	<u>E</u>	7 7
Address:	NORRIS FORE		36
	HIALEAH FL 33	015	
ARTICLE VIII	ther than the date of filing:	20th 2016. (OPTIONAL) and cannot be more than five business days prior	
effective date, if c (If an effective da after the filing.)	ther than the date of filing:	nd cannot be more than five business days prior	or 90 business days
	nserted in this block does not meet the ap we date on the Department of State's reco	oplicable statutory filing requirements, this date will ords.	Il not be listed as the
		of process for the above stated corporation at the is registered agent and agree to act in this capacity	
Stan	Required Signature of Registered	Agent 7/2	20/2016 Date
I submit this docu	(/	ein are true. I am aware that any false information	submitted in a document
4		- / i	1001
(Orr)	S Anda Required Signature of Incor	porator 7/2	10/2016