

N/60000/0011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

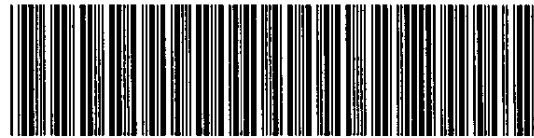
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/11/16--01019--004 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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K 10/12/16

COVER LETTER

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

SUBJECT: SARASOTA FESTIVAL OF VOCAL ARTS, 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: MARK WEIBEL
Name (Printed or typed)

5927 SANDSTONE AVE.
Address

SARASOTA, FL. 34243
City, State & Zip

941-706-2234
Daytime Telephone number

MARKWEIBEL@COMCAST.NET
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: SARASOTA FESTIVAL OF VOCAL ARTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5927 SANDSTONE AVE
SARASOTA, FL. 34243

Mailing address, if different is:

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CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PRODUCE A SERIES OF
PROFESSIONAL PERFORMANCES THAT WOULD PROMOTE
EMERGING FLORIDA-BASED PERFORMERS AND VOCAL
WORKS IN ENGLISH.

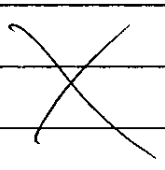
ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: BOARD VOTE
WITH MAJORITY

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CAROL SPARROW</u>	Name and Title:	<u>RANDOLPH LOCKE</u>
Address	<u>PRESIDENT/DIRECTOR</u>	Address:	<u>VICE PRESIDENT/DIRECTOR</u>

Name and Title:	<u>THOMAS PASATIERI</u>	Name and Title:	<u>MARCI WEIBEL</u>
Address	<u>ARTISTIC DIRECTOR</u>	Address:	<u>SECRETARY/DIRECTOR</u>

Name and Title:	<u>MARK WEIBEL</u>	Name and Title:	
Address	<u>TREASURER/DIRECTOR</u>	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: MARK WEIBEL
 Address: 5237 CANTERBURY DR.
SARASOTA, FL. 34243

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ARTICLE VII INCORPORATOR

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

Name: MARK WEIBEL
 Address: 5237 CANTERBURY DR.
SARASOTA, FL. 34243

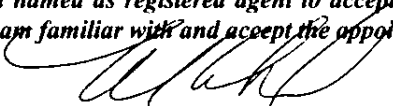
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/1/2016 (OPTIONAL)

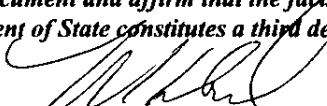
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ Required Signature of Registered Agent	<u>10/1/16</u> _____ Date
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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	<u>10/1/16</u> _____ Date
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