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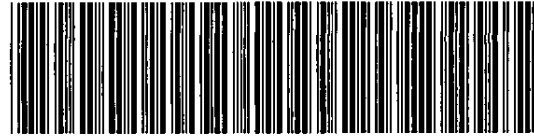
(Business Entity Name)

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17 MAY 30 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 05/23/17

✓ 05/31/17

COVER LETTER

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

SUBJECT: A.T.Y. MUZIC ARTS FOUDATION 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: DR. DEANNA NEWKIRK
Name (Printed or typed)

8288 PEMBROOK VILLAS CIRCLE
Address

ORLANDO, FLORIDA 32810
City, State & Zip

321-278-1982
Daytime Telephone number

DEANNANEWKIRK@YAHOO.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.T.Y. Muzic Arts Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8288 Pembroke Villas Circle

Orlando, Florida 32810

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: we are a charitable organization providing mentoring, counseling as needed,
life skills coaching, to disadvantage minority youth who are attending high school. Provide Funds for disadvantage young adults who
are attending colleges and universities of their choice and those in their senior year in high school desire to attend college/university
to pursue a career in the field of Music Arts. The funds will assist the students in paying for their books, supplies and tuition and any
other expenses toward their continuing education in the field of Music Arts. ALL students will need to be in their junior and senior
year of college/university already, will be voted on by the board to receive funding when they apply to A.T.Y. Muzic Arts
Foundation Inc.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Shall be elected
by charter members of Regular Election and shall take office immediately
Therefore; all officers/ directors shall be elected by the majority association membership at
large.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dr. Deanna Newkirk- President/CEO</u>	Name and Title:	<u>Gregory Massey-Outreach/Director</u>
Address	<u>8288 Pembroke Villas Circle</u>	Address:	<u>6306 Merriwood Drive</u>
	<u>Orlando, Florida 32810</u>		<u>Orlando, Florida 32818</u>
<hr/>			
Name and Title:	<u>Keshia Harris-Vice-President/Director</u>	Name and Title:	<u></u>
Address	<u>P.O. Box 622246</u>	Address:	<u></u>
	<u>Orlando, Florida 32862</u>		<u></u>
<hr/>			
Name and Title:	<u>Cynthia Kelty- Treasurer/Director</u>	Name and Title:	<u></u>
Address	<u>5533 Telipa Drive</u>	Address:	<u></u>
	<u>Orlando, Florida 32805</u>		<u></u>
<hr/>			

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: Dr. Deanna Newkirk
Address: 8288 Pembroke Villas Circle
Orlando, Florida 32810

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Dr. Deanna Newkirk
Address: 8288 Pembroke Villas Circle
Orlando, Florida 32810

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/23/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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. Deanna M. Newkirk
Required Signature of Registered Agent

5/23/2017
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. Deanna M. Newkirk
Required Signature of Incorporator

5/23/2017
Date