

N17000009345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

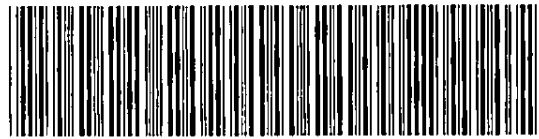
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP -7 PM 3:10
TALLAHASSEE, FLORIDA

✓ 09/14/17

COVER LETTER

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

SUBJECT: Artisan Alley Farmers and Makers Market 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: Nize Nylan
Name (Printed or typed)

112 W. New York Ave. Suite 201
Address

DeLand, FL 32720
City, State & Zip

386-822-8713
Daytime Telephone number

artisanalleydeland@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: Artisan Alley Farmers and Makers Market Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

112 W. New York Ave. Ste 201
DeLand, FL
32720

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To foster and support the viability and growth of small and home-based businesses;
to provide a means for farmers, artists and crafts-
people to connect with customers; to ~~provide~~ educate
the community about and encourage consumption of locally
grown produce and other locally sourced foods; and to
contribute to the vibrancy of Downtown DeLand.

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

By a simple majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nize Nylen, Treasurer Name and Title: _____

Address: 687 E. Kentucky Ave. Address: _____
DeLand, FL
32724

Name and Title: Maxwell Droznin, Director Name and Title: Community Outreach

Address: 14 Spanish Pine ~~Way~~ Address: _____
Way
Ormond Beach, FL 32174

Name and Title: Steven Paltrow, Director Name and Title: _____

Address: 1972 Matico Ave. Address: _____
Deltona, FL
32725

FILED
FALL 2017
JUL 10 2017
JUL 10 2017

17 SEP -7 PM 3:10

U.S.

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: MAXWELL DROZNI

Address: 14 Spanish Pine Way
ORmond Beach, FL ~~334~~
32174

17 SEP - 7 PM 3:11
FALL ADAMS ST. FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA O. Button

Address: 112 W. New York Ave. Ste 201
Deland, FL 32720

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 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

[Signature]

Required Signature of Registered Agent

8/28/2017
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.

[Signature]

Required Signature of Incorporator

8/28/2017
Date