

N18000006464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

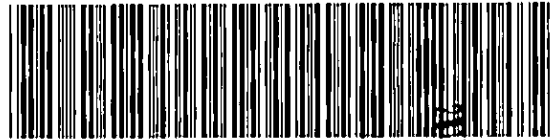
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: TALLAHASSEE ARTS AND MUSIC SOCIETY 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: LADY KEELS
Name (Printed or typed)

3419 KPALACHE PARKWAY
Address

TALLAHASSEE FL 32311
City, State & Zip

850 - 284 - 0571
Daytime Telephone number

doctint@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: TALAHASSEE ARTS AND MUSIC SOCIETY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

LADY KEEL
3419 APALACHEE PARKWAY
TALAHASSEE FL 32311

Mailing address, if different is:

3419 APALACHEE PARKWAY
TALAHASSEE FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COMMUNITY AWARENESS OF
MUSIC AND ARTS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: APPOINTED BY
PRESIDENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LADY KEEL S / MANAGER Name and Title: _____

Address: 3419 APALACHEE PARKWAY Address: _____
TALAHASSEE FL 32311

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALAHASSEE FL 32311

2018 JUN 13 PM 4:34

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: LAOY KEELS

Address: 3419 APALACHEE PARKWAY
Tallahassee FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAOY KEELS

Address: 3419 Apalachee Parkway
Tallahassee FL 32311

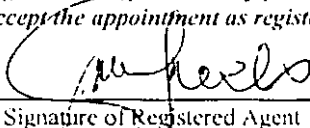
ARTICLE VIII EFFECTIVE DATE:

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.)

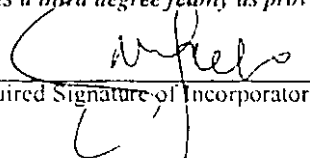
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

06-13-2018
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.


Required Signature of Incorporator

06-13-2018
Date