N18000009718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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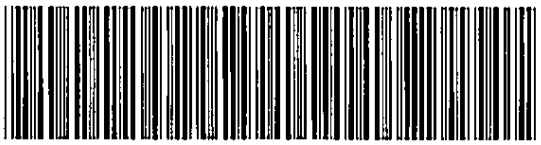

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2018 SEP 10 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2018

K. Brumbley

COVER LETTER

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

SUBJECT: AAD Fine Arts Foundation, 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: Ms. Amanda Ferreira
Name (Printed or typed)

1 Park Place
Address

Haines City, FL 33844
City, State & Zip

863-866-9965
Daytime Telephone number

msamanda@amandasacademyofdance.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: AAD Fine Arts Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1 Park Place
Haines City, FL 33844

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote awareness of and participation in the visual and performing arts for the residents of Central Florida. Additionally, AAD exists to promote creativity while inspiring life long healthy choices and developing self-confident students of all ages in a wholesome, happy family atmosphere.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Officers and directors will be appointed at the discretion of the founder.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda ferreira, President
Address: 1 Park Place, Haines City, FL 33844

Name and Title: Denise ferreira, Vicepresident
Address: 255 Captain Hook Way, Davenport, FL 33837

Name and Title: Joshua Vaillancourt, Secretary
Address: 341 Cherokee Avenue, Haines City, FL 33844

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: Joshua A. Vaillancourt (secretary)

Address: 341 Cherokee Avenue
Haines City, FL 33844

ARTICLE VII INCORPORATOR

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

Name: Amanda Ferreira

Address: 1 Park Place
Haines City, FL 33844

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] PhD
Required Signature of Registered Agent

9/4/2018
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.

[signature]
Required Signature of Incorporator

9/4/18
Date