

NI 9000002000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

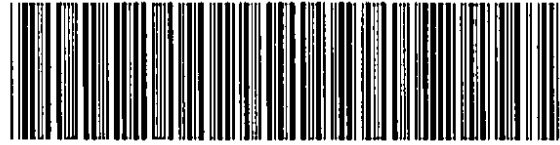
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JAN 22 PM 3:54

C RICO  
FEB 22 2019

## COVER LETTER

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

**SUBJECT:** Dance IQ Gives

(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:** Alisa Jacob  
\_\_\_\_\_  
Name (Printed or typed)  
  
15904 W State Road 84  
\_\_\_\_\_  
Address  
  
Sunrise FL 33326  
\_\_\_\_\_  
City, State & Zip  
  
954-294-5503  
\_\_\_\_\_  
Daytime Telephone number  
  
alisa@dance-iq.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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**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: Dance IQ Gives INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

15904 W State Rd 84

Sunrise FL 33326

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To bring an inclusive program to all children combining creativity, a sociocultural theoretical framework, brain based dance and community through the art of dance.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alisa Jacob Director Name and Title: \_\_\_\_\_

Address: 15904 W State Road 84 Address: \_\_\_\_\_

Sunrise FL 33326 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
19 JAN 22 PM 3:54

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: Stephen C Enriquez

Address: 14505 Commerce Way #500

Miami Lakes FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alisa Jacob

Address: 15904 W State Road 84

Sunrise FL 33326

**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

11-15-19  
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

11-15-19  
Date