

W9000005480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

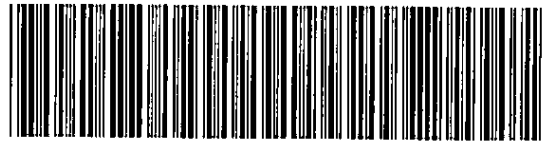
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: Haus of QUOTA, 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: Tom Copeland  
Name (Printed or typed)

801 S F St  
Address

Lake Worth, FL 33460  
City, State & Zip

561-767-0333  
Daytime Telephone number

hausofquota@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**

Haus of QUOTA, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
801 S F St

Mailing address, if different is: \_\_\_\_\_

Lake Worth, FL 33460

**ARTICLE III PURPOSE**

Haus of QUOTA, Inc. is a Lake Worth-based collective that strives to unify

The purpose for which the corporation is organized is: \_\_\_\_\_

and engage the queer community through arts and culture in a creative, safe space

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Two-Thirds majority vote by the BOD.

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

Name and Title: Emily Kenyon (D)

Address: 5718 S Dixie Hwy  
West Palm Beach, FL 33405

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

Address: Kristy Gould (D)  
4108 Inlet Circle

Greenacres, FL 33463

Name and Title: Naomi "Naihe" Rivera (D)

Address: 801 S F St  
Lake Worth, FL 33460

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

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

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

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

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

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

19 MAY -6 PM 3:58

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: Emily Kenyon

Address: 5718 S Dixie Hwy

West Palm Beach, FL 33405

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tom Copeland

Address: 1605 S Palmway

Lake Worth, FL 33460

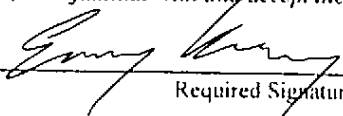
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/23/2019 (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*

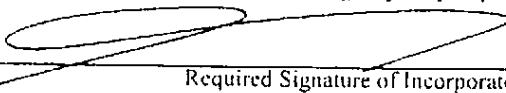


Required Signature of Registered Agent

5/23/19

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

5/23/19

Date