

N19 0000006993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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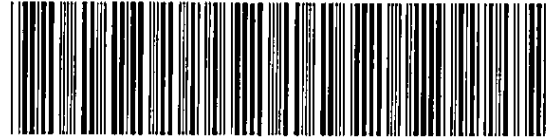
(Business Entity Name)

(Document Number)

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2019 JUL 10 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Tallahassee Caribbean Carnival 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: Seymour E Thompson
Name (Printed or typed)

959 Balkin Rd
Address

Tallahassee FL 32305
City, State & Zip

850-251-2482
Daytime Telephone number

Seymourthompson1@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:

Tallahassee Caribbean Carnival Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

959 Balkin Rd
Tallahassee FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bring the Caribbean Culture to Tallahassee with an event like no other. It's a Free event to the public.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in the By Laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Seymour Thompson / organizer

Name and Title:

President

Address

959 Balkin Rd
Tallahassee FL 32305

Address:

Name and Title:

Harford Thompson

Name and Title:

Vice President

Address

959 Balkin Rd
Tallahassee FL 32305

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Seymour Thompson

Address:

959 Balkin Rd
Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Seymour Thompson

Address:

959 Balkin Rd
Tallahassee FL

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

Seymour Thompson

Required Signature of Registered Agent

7/10/19

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.

Seymour Thompson

Required Signature of Incorporator

7/10/19

Date