

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PINNACLE SIGNATURE GROUP, INC.
Account Number : I20150000126
Phone : (386)675-6595
Fax Number : (386)675-6595

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: phua@pinnacleSignature.com

FLORIDA PROFIT/NON PROFIT CORPORATION
INSPIRE DAYTONA INC.

Certificate of Status	1
Certified Copy	1
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FILED
TALLAHASSEE FL 32309

COVER LETTER

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

SUBJECT: INSPIRE DAYTONA 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: PINNACLE SIGNATURE GROUP INC.

Name (Printed or typed)

927 BEVILLE RD SUITE 109

Address

SOUTH DAYTONA, FLORIDA, 32119

City, State & Zip

386-675-6595

Daytime Telephone number

PFUQUA@PINNACLESIGNATURE.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 NAMEThe name of the corporation shall be: INSPIRE DAYTONA INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
400 MARY MCLEOD BETHUNE BLVD.DAYTONA BEACH, FL 32114Mailing address, if different is:
400 MARY MCLEOD BETHUNE BLVD.DAYTONA BEACH, FL 32114**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ORGANIZATION PURPOSE IS FOR THE BEAUTIFICATION PROJECT
FOR MARY MCLEOD BETHUNE AREA WITH MURAL WHILE TRANSFORMING THE SURROUNDING
AREA TO AN ARTS DISTRICT. IT IS ORGANIZED UNDER THE NONPROFIT PUBLIC BENEFIT LAW OF CHARITABLE
PURPOSES. THE SPECIFIC PURPOSE FOR WHICH THIS CORPORATION IS FORMED EXCLUSIVELY CHARITABLE
WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>KIM MOTEN, CHAIR</u>	Name and Title:	<u>KAREN EAGER, TREASURER</u>
Address	<u>400 MARY MCLEOD BETHUNE BLVD</u> <u>DAYTONA BEACH, FL 32114</u>	Address:	<u>538 MARY MCLEOD BETHUNE BL</u> <u>DAYTONA BEACH, FL 32114</u>
Name and Title:	<u>JENNY NAZAK, DIRECTOR</u>	Name and Title:	<u>CYNTHIA SLATER, DIRECTOR</u>
Address	<u>501 HARVEY AVE</u> <u>DAYTONA BEACH, FL 32118</u>	Address:	<u>815 KOTTLE CIRCLE</u> <u>DAYTONA BEACH, FL 32114</u>
Name and Title:	<u>ROBERT BORDE, DIRECTOR</u>	Name and Title:	<u>ANDROS BELL, DIRECTOR</u>
Address	<u>116 SHEILA AVE</u> <u>DAYTONA BEACH, FL 32114</u>	Address:	<u>116 PRESTWICK GRANDE DR.</u> <u>DAYTONA BEACH, FL 32124</u>

Name and Title: DEAN O'BRIEN, DIRECTOR Name and Title: _____

Address 112 DOUBLE EAGLE DRIVE Address: _____

DAYTONA BEACH, FL 32114 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PINNACLE SIGNATURE GROUP INC

Address: 927 BEVILLE RD SUITE 109

SOUTH DAYTONA, FL 32119

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: PINNACLE SIGNATURE GROUP INC

Address: 927 BEVILLE RD SUITE 109

SOUTH DAYTONA, FL 32119

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/29/2020 (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

3/02/2020

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

3/02/2020

Date

FILED
2020 MAR -3 AM 9:37
TALLAHASSEE - FLS