

N20000002588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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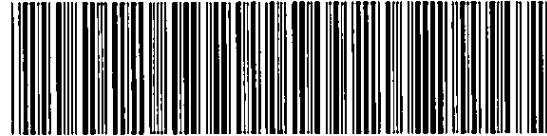
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C RICO
MAR - 4 2020

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR - 4 AM 11:37

20 MAR - 4 PM 1:10

COVER LETTER

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

SUBJECT: _____

GYPSY MUSEUM 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: _____

Julio Rocha
Name (Printed or typed)

3218 E. Colonial Dr. Suite 67
Address

Orlando, FL 32803
City, State & Zip

407-218-4050
Daytime Telephone number

Julio@rochafinancial.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: Gypsy Museum Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8353 Sand Pointe Blvd.
Orlando, FL 32819

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We want to create a museum where we can
educate, show and/or display the culture of the world,
religions of the world and indigenous communities of
the world.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By majority
of votes from board members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Phillip - President Name and Title: _____

Address: 8353 Sand Pointe Blvd. Address: _____

Orlando, FL 32819

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR -4 AM 11:37

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: Julio Rocha

Address: 3218 E. Colonial Dr. Suite 61

Orlando, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Julio Rocha

Address: 3218 E. Colonial Dr. Suite 61

Orlando, FL 32803

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3-4-2020 (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

3-4-2020
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

3-4-2020
Date

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STATE DEPT. OF STATE
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