

N 2000000 3632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

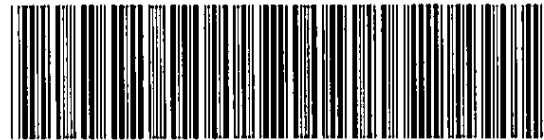
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Write To Be Scene, 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: Pamela Belitch
Name (Printed or typed)

1303 Catherine St Apt 108
Address

Orlando, FL 32601
City, State & Zip

407-504-0267
Daytime Telephone number

Pamelabelitch@gmail.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: Write To Be Scene, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1303 Catherine St
Apt 108 Orlando, FL
32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization is organized exclusively for
charitable purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding
section of any future federal code. Upon the dissolution of this organization,
assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any
future federal tax code, or shall be distributed to the federal government,
or to a state or local government, for a public purpose.

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

As provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rachael Tillman, VP Name and Title: _____

Address: 564 Breckenridge Address: _____
Village, Unit 102,
Altamonte Springs, FL 32714

Name and Title: Ryan Arnold, Asst. Programs Name and Title: _____
coord.

Address: 1975 Erving Circle Address: _____
Apt 102
Ocoee, FL 34761

Name and Title: Manuel Rabell, Treasurer Name and Title: _____

Address: 3400 Craig Dr Address: _____
Apt 1337
McKinney, TX 75070

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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: Pamela Belitch

Address: 1303 Catherine St
Apt 108 Orlando, FL 32801

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Pamela Belitch

Address: 1303 Catherine St Apt 108
Orlando, FL 32801

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

Pamela Belitch

Required Signature of Registered Agent

3/18/20

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.

Pamela Belitch

Required Signature of Incorporator

3/18/20

Date