

N210000006293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

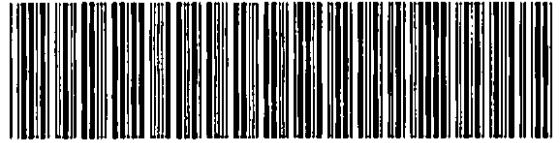
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100365007251

04/28/21--01018--001 **78.75

21 MAY 2021 14:55

J DENNIS
MAY 26 2021

COVER LETTER

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

Imagine More Center, Inc.

SUBJECT: _____
(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

J. Greg Marksberry

FROM: _____
Name (Printed or typed)

7103 Harmony Square Dr S

Address

Harmony, FL 34773

City, State & Zip

770-823-8753

Daytime Telephone number

gmarksberry@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

Imagine More Center, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7103 Harmony Square Dr S

Harmony, FL 34773

Mailing address, if different is:
10524 Moss Park Rd, suite 204-344

Orlando, FL 32832

ARTICLE III PURPOSE

to transform kids and communities through participation in the arts

The purpose for which the corporation is organized is: _____
by providing a facility and programming for community enrichment through arts education, events and production that increases
opportunities for personal and collective growth.

This corporation is organized for one or more of the purposes as specified in Section 501(c)(3) of the Internal Revenue Code,
including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section
501(c)(3) of the Internal Revenue Code or the corresponding section of any future United States Internal Revenue law.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Gregory Marksberry, Director
7103 Harmony Square Dr S
Address: Harmony, FL 34773

Name and Title: Edwin Richardson, Director
200 Tinsley Mill Rd
Address: Peachtree City, GA 30269

Name and Title: Todd Hoagland, Director
12204 Gray Birch Cir
Address: Orlando, FL 32832

Name and Title: Melissa Perez, Director
13775 Chauvin Ave
Address: Orlando, FL 32827

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: John Gregory Marksberry
Address: 7103 Harmony Square Dr S
Harmony, FL 34773

ARTICLE VII INCORPORATOR

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

Name: John Gregory Marksberry
Address: 7103 Harmony Square Dr S
Harmony, FL 34773


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.)

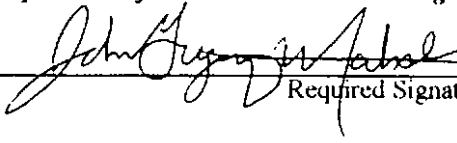
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

04/22/21
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

04/22/21
Date