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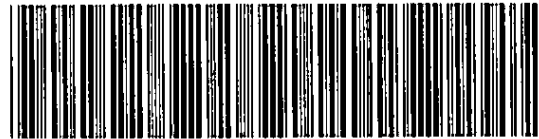
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2021 SEP 30 AM 10:50

COVER LETTER

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

SUBJECT: MAVERICK ORCHESTRA PARENT ASSOCIATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JOSEPH A. PEREIRA, JR.
Name (Printed or typed)

10300 SW 72 St 470J
Address

MIAMI, FL 33173
City, State & Zip

305 598-3180
Daytime Telephone number

mjoe1836@metzero.net
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: MAVERICK ORCHESTRA PARENT ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

7410 SW 128 AVE

MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ORGANIZE AN ORCHESTRA TO DEVELOP
YOUNG MUSICIANS.

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

VOTING BY MEMBERS OF THE ASSOCIATION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JANETTE MONRODRIGUEZ ^{PTD} Name and Title: _____

Address: 7410 SW 128 AVE Address: _____
MIAMI, FL 33183

Name and Title: MARIA BERGE VPD Name and Title: _____

Address: 3240 SW 59 AVE Address: _____
MIAMI, FL 33155

Name and Title: BLANCA GUTIERREZ SD Name and Title: _____

Address: 9587 SW 4 LANE Address: _____
MIAMI, FL 33174

2021 SEP 30 AM 10:20

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: JOSEPH A. PEREIRA, JR.
Address: 10300 SW 72 ST 470J
MIAMI, FL 33173

ARTICLE VII INCORPORATOR

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

Name: JOSEPH A. PEREIRA, JR.
Address: 10300 SW 72 ST 470J
MIAMI, FL 33173

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

Joseph A. Pereira, Jr.
Required Signature of Registered Agent

9/28/2021
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.

Joseph A. Pereira, Jr.
Required Signature of Incorporator

9/28/2021
Date

ARTICLE IX DISSOLUTION CLAUSE

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.