

N22000007520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

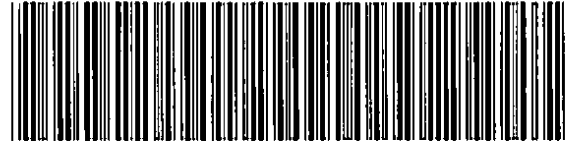
(Business Entity Name)

(Document Number)

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2022 JUL -5 AM 11:38
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ALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ART FOR THE AGES, 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: LUIS D. Morales
Name (Printed or typed)

135 Sweetwater Circle
Address

Crawfordville, FL. 32327
City, State & Zip

(850) 559-8210
Daytime Telephone number

lumorsan777@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

The name of the corporation shall be: ART FOR THE AGES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

135 Sweetwater Circle
Crawfordville, FL. 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A non-profit organization set out to provide the necessary resources for ~~students~~ students ~~working towards an accredited degree in~~ working towards an accredited degree in the fields of Arts & Sciences, Music, Design & Architecture.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors will be elected & appointed by the initial Directing Officer.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis D. Morales (P) Name and Title: _____

Address: 135 Sweetwater Circle Address: _____
Crawfordville, FL. 32327

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2022 JUL -5 AM 11:30
STATE

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: Luis D. Morales
Address: 135 Sweetwater Circle
Crawfordville, FL. 32327

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DEPARTMENT OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis D. Morales
Address: 135 Sweetwater Circle
Crawfordville, FL. 32327

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 5th, 2022 (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

[Signature]
Required Signature of Registered Agent

6/05/2022
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.

[Signature]
Required Signature of Incorporator

06/05/2022
Date