

NZ2000007638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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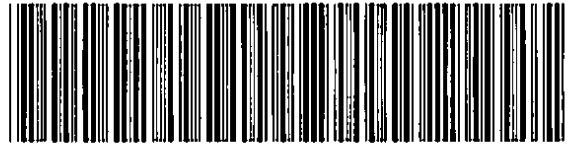
(Business Entity Name)

(Document Number)

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2022 JUL -7 PM 2:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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STATE OF FLORIDA
CORPORATION

COVER LETTER

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

SUBJECT: Tallahassee Caribbean Carnival 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: Seymour Thompson
Name (Printed or typed)

959 Balkin Rd
Address

Tallahassee FL 32305
City, State & Zip

850-251-2482
Daytime Telephone number

Seymourthompson1@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:

Tallahassee Caribbean Carnival

ARTICLE II PRINCIPAL OFFICE

Principal street address:

959 Balkin Rd
Tallahassee FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bring a part of the Caribbean Culture to Tallahassee and expose them to the people of Tallahassee.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in the by laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Seymour Thompson

Name and Title:

President

Address:

959 Balkin Rd
Tallahassee FL 32305

Address:

Name and Title:

Halford Thompson

Name and Title:

Vice President

Address:

959 Balkin Rd
Tallahassee FL 32305

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE

2022 JUL -7 PM 2:09

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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:

Seymour Thompson

Address:

959 Balkin Rd
Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

Seymour Thompson

Address:

959 Balkin Rd
Tallahassee FL 32305

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

Seymour Thompson
Required Signature of Registered Agent

7/7/22
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.

Seymour Thompson
Required Signature of Incorporator

7/7/22
Date

STATE OF FLORIDA
DEPARTMENT OF STATE

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