

N 23000009267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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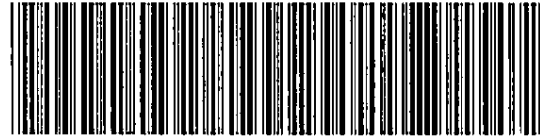
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: New Life Beginning Dance Ministry, 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: TrusteeInc

Name (Printed or typed)

7900 N.W. 27th. Ave. Ste. A04A

Address

Miami, FL 33147

City, State & Zip

786-344-3705

Daytime Telephone number

Trusteeinc@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: New Life Beginning Dance Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3730 S.W. 48th Ave; Ste. 106

Hollywood, FL 33023

c/o: Mins. Dr. Marie A Minto Allen

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NLBDMI, has a bold Spiritual Mission, to honor and showcase,
its Caribbean Culture and Heritage. While mentoring, training, and certifying potentially talented artistic performing youth, and adult
Further, developing and supporting, interns, veteran artist, and others within the challenge communities. To excel, physically
and professionally, needed within the industry. Through various performing artistic dancing and thespian discipline. Further, to help
raise the self-esteem of our participating youth and adults. Dealing with mental and physically challenges, and limitations. Such as, d
Such as, from accident injuries, domestic violence, and war victims. Through our proven, and iconic award-winning professional
training curriculum, community partners, supporters, and outreach events.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By Fdr./Bilaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mins. Dr. Marie Antoinette Minto Allen

Address: Fdr./P/Chr/CEO/ Adm. Dance Dir.

3730 S.W. 48th Ave; Ste. 106

Hollywood, FL 33023

Name and Title: Patrick Baily, T/Board Member

Address: 3730 S.W. 48th Ave; Ste. 106

Hollywood, FL 33023

Name and Title: Mins. Dr. Lorna R. Shuford, S/COO/PR

Address: 3730 S.W. 48th Ave; Ste. 106

Hollywood, FL 33023

Name and Title: Micheal Victor Footman, Jr.

Address: Tech Adm./Youth Dir.

3730 S.W. 48th Ave; Ste. 106

Hollywood, FL 33023

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2023

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11

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: TrusteeInc

Address: 7900 N.W. 27th Ave. Ste. A04A

Miami, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TrusteeInc.

Address: 7900 N.W. 27th Ave. Ste. A04A

Miami, FL 33147

ARTICLE VIII EFFECTIVE DATE: 08/02/2023

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

08/02/2023

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

08/02/2023

Date

2023 AUG 02 PM 5:00