N23000011719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

partment of State
ision of Corporations
O. Box 6327
Tallahassee, FL 32314

SUBJECT: The Tallahassee Girls Choir, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

closed 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: Krystal Tornes
Name (Printed or typed)

4407 Blue Bill Pass
Address

Tallahassee, FL 32303
City, State & Zip

850-212-4123
Daytime Telephone number

krystalandkompany@gmail.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The Tallahassee Girls Choir, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

4407 Blue Bill Pass
Tallahassee, FL 32303

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help young women discover and embrace their unique gifts and talents using music as a stepping stone to achieve their personal, social, and academic goals therefore reducing at-risk behavior and becoming productive members of their local communities.

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

see bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krystal Tornes, President

Address: 4407 Blue Bill Pass
Tallahassee, FL 32303

Name and Title: Elmira Davis, Member

Address: 3913 Ella Dr
Tall, FL 32303

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

e and Title: _____ Name and Title: _____

ress _____ Address: _____

_____ _____

_____ _____

e and Title: _____ Name and Title: _____

ress _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

ame: Krystal Tornes

ddress 4407 Blue Bill Pass

Tall, FL 32303

ARTICLE VII INCORPORATOR

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

Name: Krystal Tornes

Address: 4407 Blue Bill Pass

Tall, FL 32303

ARTICLE VIII EFFECTIVE DATE:

ffective date, if other than the date of filing: _____ (OPTIONAL)

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 ument's effective date on the Department of State's records.

aving been named as registered agent to accept service of process for the above stated corporation at the place designated in this rtificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Krystal Tornes — Required Signature of Registered Agent — 9/28/23 — Date

ubmit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Krystal Tornes — 9/28/23