

N230000 11719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

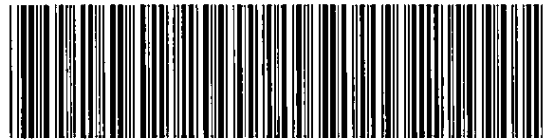
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STATE OF
FLORIDA
TALLAHASSEE, FL

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RECORDS SECTION
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Tallahassee Girls Choir, 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: 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

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

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 Name and Title: President

Address: 4407 Blue Bill Pass
Tallahassee, FL 32303

Name and Title: Elmira Davis, Member Name and Title:

Address: 3913 Ella Dr
Tall, FL 32303

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Krystal Tornes

Address: 4407 Blue Bill Pass

Tall, FL 32303

ARTICLE VII INCORPORATOR

Name and address of the Incorporator is:

Name: Krystal Tornes

Address: 4407 Blue Bill Pass

Tall, FL 32303

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.)

Leg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the agent'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

Krystal Tornes
Required Signature of Registered Agent

9/28/23
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.

Krystal Tornes

9/28/23