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COVER LETTER

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

SUBJECT: Fusion 49th District, 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: Nancy Dunham
Name (Printed or typed)

808 49th St. S
Address

Gulfport FL 33707
City, State & Zip

727-712-6676
Daytime Telephone number

fancynancyprofessional services@gmail.c
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: Fusion 49th District, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

808 49th Street South
Gulfport FL 33707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to cultivate a thriving public space that serves as a catalyst for meaningful interactions, commerce, and artistic expression, bridge the gap between diverse communities and individuals while promoting shared prosperity.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Board Director members will have power to elect and remove

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Dunham, President Name and Title: _____

Address: 808 49th St. S Address: _____
Gulfport FL 33707

Name and Title: Sierra Clark, D Name and Title: _____

Address: 753 21st Ave. S Address: _____
St Petersburg FL 33705

Name and Title: Tresalynn Morris, Director Name and Title: _____

Address: 4627 11th Ave. S Address: _____
St Petersburg FL 33711

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: Nancy Dunham
Address: 808 49th St S
Gulfport FL 33707

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Dunham
Address: 808 49th St S
Gulfport FL 33707

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/12/2024 (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

4/12/2024
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

4/12/2024
Date