

N24000007425

(Requestor's Name)

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(City/State/Zip/Phone #)

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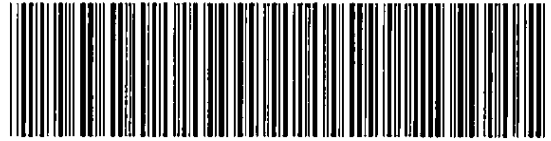
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL
05/20/24--01013--004

W240000086988

T.S.H
6/19/24

COVER LETTER

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

SUBJECT: Tallahassee Community Friends of Old Time Dance (TCFOOTD)
(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: Vicki L. Morrison

Name (Printed or typed)

1031 Kingdom Drive

Address

Tallahassee, FL 32311

City, State & Zip

850-878-6280

Daytime Telephone number

tallygal007@yahoo.com

E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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 Tallahassee Community Friends of Old Time Dance (~~TCFOOTD~~), Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
1031 Kingdom Drive	PO Box 5045
Tallahassee, FL 32311	Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote and preserve the knowledge and encourage the practice of our heritage of traditional and historic folk dances, songs and music with special emphasis on American traditions; to organize, foster and support classes, schools, lectures, concerts, demonstrations, festivals, community dance evenings or other events that will encourage participation and enjoyment of this heritage; to train teachers, musicians and leaders in these traditions; to encourage and support the establishment of organizations interested in these objectives and to network with established groups for mutual support; to engage in promotional activities to publicize the aims and work of TCFOOTD; and to support the work and objectives of TCFOOTD by seeking and receiving gifts and grants of all kinds.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry Teich, President Address: 2224 Pontiac Drive Tallahassee, FL 32301	Name and Title: Vicki Morrison, Treasurer Address: 1031 Kingdom Drive Tallahassee, FL 32311
Name and Title: Mary Allgire, Band Liaison Address: 742 Spiral Garden Way Woodville, FL 32362	Name and Title: John Reynolds, Grant Specialist Address: 1118 Brandt Street Tallahassee, FL 32303
Name and Title: Claire Wright, Publicist Address: 3343 John Hancock Drive Tallahassee, FL 32312	Name and Title: _____ Address: _____

TALLAHASSEE, FL

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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: Vicki Morrison _____

Address: 1031 Kingdom Drive _____

Tallahassee, FL 32311 _____

ARTICLE VII INCORPORATOR

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

Name: Vicki Morrison _____

Address: 1031 Kingdom Drive _____

Tallahassee, FL 32311 _____

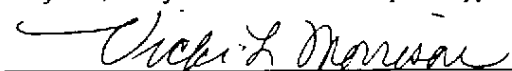
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature of Registered Agent

5/14/2024

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.



Required Signature of Incorporator

5/14/2024

Date

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STATE
TALLAHASSEE, FL