

N 2400001185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

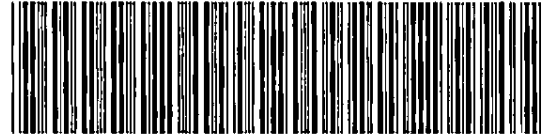
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COVER LETTER

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

SUBJECT: Lefty Pursuits Arts Co.
(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: Gregory Cohen
Name (Printed or typed)

1355 Market St STE A11
Address

Tallahassee FL 32312
City, State & Zip

850 445 0456
Daytime Telephone number

greg@pl.net
~~Secret@pl.net~~ ~~XXXXXXXXXX~~
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: Lefty Pursuits Arts Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1355 Market St STE A11
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

An Arts, Music & History organization to educate the public &
entertain

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

Board members appointed by existing board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Cohen PR Name and Title: Sarah Cohen Tres

Address: 612 Talaflo St Address: 612 Talaflo St
Tallahassee, FL 32308 Tallahassee FL 32308

Name and Title: Jane Cohen VP Name and Title: _____

Address: 612 Talaflo St Address: _____
Tallahassee FL 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Gregory Cohen

Address: 1355 Market St STE A11

Tallahassee FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gregory Cohen

Address: 1355 Market St STE A11

Tallahassee FL 32312

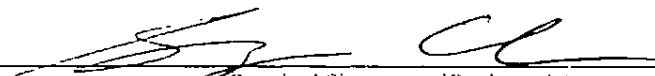
ARTICLE VIII EFFECTIVE DATE:

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

9/20/24
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

9/20/24
Date