

N24000014894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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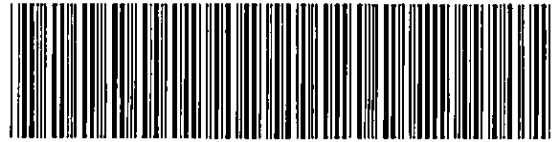
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE
2024 DEC 20 PM 1:11

COVER LETTER

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

SUBJECT: Hilary's Polynesian School of Cultural Arts, 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: Hilary P. Silva
Name (Printed or typed)

2850 Rockwood Ct.
Address

Sarasota FL 34234
City, State & Zip

941 875 2253
Daytime Telephone number

Hilary22aloha@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Hilary's Polynesian School of Cultural Arts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2850 Rockwood Ct.
Sarasota, FL 34234

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to teach the culture of
Polynesian Islands + protocols through art of
dance, crafts, performances, singing + instrument
playing.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: group discussion
by leaders, vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hilary Silva owner + Kumu teacher Name and Title: _____

Address: same Address: _____

Name and Title: John Silva, Kumu teacher Name and Title: _____

Address: same Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
2009 FEB 20 PM 4:11

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: Hilary P. Silva

Address: 2850 Rockwood Cv.
Sarasota FL 34234

ARTICLE VII INCORPORATOR

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

Name: Hilary P. Silva

Address: 2850 Rockwood Cv.
Sarasota FL 34234


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan 1, 2025 (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.)

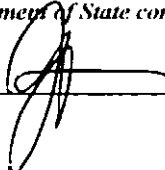
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/17/24
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

12/17/24
Date

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