

N9500002209

TRANSMITTAL LETTER

FILED
95 MAY -9 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200001464822
-04/25/95--01096--005
*****35.00 *****35.00

SUBJECT: THE DE MEDICI GROUP INC.
(Proposed corporate name - must include suffix)

200001486987
-05/15/95--01012--011
*****70.00 *****70.00

\$35. for Non-Profit

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

LILIAN CLASSEN, TREAS.

Name (Printed or typed)

6798 CROSSWINDS DR C-201

Address

ST. PETERSBURG FL 33710

City, State & Zip

813-381-1758

Daytime Telephone number

*all filing fees
\$105.00*

*678,02087.505,671
N95-9045*

*PC6
3-9*

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 28, 1995

LILIAN CLASSEN
6798 CROSSWINDS DR. C-201
ST. PETERSBURG, FL 33710

SUBJECT: THE DE MEDICI GROUP
Ref. Number: W95000009045

We have received your document for THE DE MEDICI GROUP and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

AMANDA HERRING
Document Specialist

Letter Number: 895A00020273

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION THE DE MEDICI GROUP INC.

Article I

The name of the corporation shall be: THE de MEDICI GROUP INC.

Article II

The principal place of business and the mailing address of this corporation shall be:
8037 Elbow Lane North, St. Petersburg, FL 33710

Article III

The specific purpose for which the corporation is organized is:
Founded in 1994, The de Medici Group is an invitational club of 60 women. The organization was created to promote and support activities of the arts in the community and to enrich the art awareness of its membership.

Article IV

The manner in which the directors are elected or appointed is as follows:

The nominating committee shall present a slate in writing to the membership before the spring general meeting which provides one candidate for each office. Independent nominations from the general membership shall be welcomed at this meeting.

Article V

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

Article VI

The name and the street address of the initial registered agent is:

Lilian Classen, Treasurer
8037 Elbow Lane North
St. Petersburg, FL 33710

Article VII

The names and street addresses of the incorporators for these articles of incorporation are:

Judy Ferrara, President
7233 Central Avenue
St. Petersburg, FL 33710

Judy Romino, Vice President (Funding)
6450 Tanglewood Dr NE
St. Petersburg, FL 33703

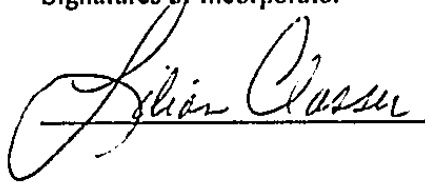
Carolina Curran, Vice President
134 28th Ave No
St. Petersburg, FL 33704

Carol Flynn, Secretary
4501 38th St So
St. Petersburg, FL. 33711

Lilian Classen, Treasurer
8037 Elbow Lane No
St. Petersburg, FL. 33710

The undersigned incorporator has executed these Articles of Incorporation this __21st__
day of ____April____, 1995.

Signatures of Incorporator

A handwritten signature in cursive script, appearing to read "Lilian Classen", is written over a horizontal line.

Lilian Classen

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: THE DE MEDICI GROUP INC
(must include suffix)

2. The name and address of the registered agent and office is:

LILIAN CLASSEN
(Name)
8037 ELBOW LANE N
6198 CROSSWINDS DR C-20
(Street address - P. O. Box not acceptable)
ST. PETERSBURG FL 33710
(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lilian Classen
(Signature)

4/31/95
(Date)

Registered Agent filing fee \$35.00

N 95 0000 022 09

Florida Dept of State
Div of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: The DeMedici Group Inc. Your letter Number: 095A00023054

Our corporation just received the initial filing from your office. We would like to change the mailing address to: Lilian Classen, Treasurer
8037 Elbow Lane no
St. Petersburg, FL 33710

Thank you for your attention to this matter.

Lilian Classen

6-8-95
mpc