

N 95000003739
TRANSMITTAL LETTER

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

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-003/04/95--010 37--0002
****131.25 ***131.25

SUBJECT: - MULTICULTURAL SOCIETY OF ARTISTS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input checked="" type="checkbox"/> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: Lally V. Ferro
Name (Printed or typed)

10060 Hidden Branch Dr. E.
Address

Jacksonville, Florida 32257
City, State & Zip

(904) 268-1014
Daytime Telephone number

N
F. CHESSEY AUG 5 1995

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

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation pursuant to Chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be MULTICULTURAL SOCIETY OF ARTISTS, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

3835 Coopers Lake Road
Jacksonville, Florida 32224

ARTICLE III

The specific purposes for which the corporation is organized are:

To draw performing artists from ethnic minorities into the mainstream cultural scene in this community;

To provide encouragement and education to promising artists from the ethnic minorities by cultural exchange with other cities in the United States and with other nations;

To present performances in the United States and in other countries which highlight the multicultural diversity of America;

To engage in all other lawful pursuits and activities to achieve the above-named purposes.

ARTICLE IV

No less than 3 nor more than 7 directors shall be elected by the incorporators in an annual meeting called for the purpose. Directors may or may not be incorporators of this corporation.

In case of a tie, the current chairman of the Board shall cast the deciding vote.

ARTICLE V

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

ARTICLE VI

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

Gloriosa R. Antiporda, M. D.
3835 Coopers Lake Road
Jacksonville, Florida 32224

ARTICLE VII

The names and street addresses of the incorporators for these Articles of Incorporation are:

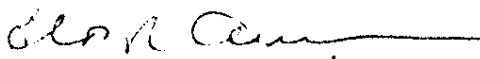
Gloriosa R. Antiporda, M. D.
3835 Coopers Lake Road
Jacksonville, Florida 32224

Max Leggett
15251 Yellow Bluff Road
Jacksonville, Florida 32226

Bonifacio Padolina, M. D.
298 Devonshire Lane
Orange Park, Florida 32073

Lally V. Ferro
10060 Hidden Branch Dr. E.
Jacksonville, Florida 32257


The undersigned incorporator has executed these Articles of Incorporation this 19th day of June 1995.


Gloriosa R. Antiporda, M. D.
Incorporator

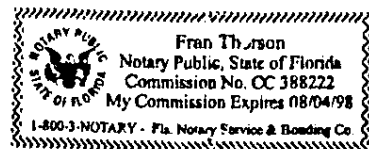
STATE OF FLORIDA
COUNTY OF DUVAL

Before me, a notary public authorized to take oaths and acknowledgments in the state of Florida, personally appeared Gloriosa R. Antiporda, to me well known and known to me to be the person described herein, who stated she executed the foregoing articles of incorporation freely and voluntarily for the purposes therein expressed.

The foregoing instrument was acknowledged before me this 21st day of June, 1995, by Gloriosa R. Antiporda who has produced a Florida drivers license as identification and who did not take an oath.


signature
GLORIOSA R. Antiporda
name


notary



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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:

MULTICULTURAL SOCIETY OF ARTISTS, INC.
(must include suffix)

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

Gloriosa R. Antiporda, M. D.
(NAME)

3835 Coopers Lake Road
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, Florida 32224
(CITY/STATE/ZIP)

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.


(SIGNATURE)

8/11/95
(DATE)

FILED
1995 AUG -4 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA