## P04000105550

(Re	questor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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DIVISION OF CORPORATIONS

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#### TRANSMITTAL LETTER

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

SUBJECT:

New Method Performing Arts Studio, Inc.

(Proposed corporate name must include suffix)

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

S70.00 Filing Fee

\$78.75 \$78.75 Filing Fee Filing Fee

75 \$87.50

Filing Fee, Certified Copy

& Certificate

Filing Fee Fill & Certified Copy

& Certificate

FROM:

Myrna Hughes
Name (Printed or typed)

1503 NW 47 Ave

Lauderhill, Florida 33313 City. State & Zip

> 954 731-5727 Daytime Telephone number

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

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# SECRE TARY OF STATEONS DIVISION OF CORPORATIONS 04 JUL 14 AH11: 29

#### ARTICLES OF INCORPORATION

of

New Method Performing Arts Studio, Inc.

The undersigned, acting as incorporates of a corporation in compliance with Chapter 607 and / or Chapter 621, F.S. (Profit)

#### ARTICLES I

The names of the corporation, shall be:

New Method Performing Arts Studio, Inc.

#### ARTCLES 11

Principle business address, 1503 NW 47 Ave, Lauderhill, Fl. 33313

Mailing address: Same

#### ARTICLES III

The Purpose for which the corporation is organized is: Performing Arts program dance, drama, and voice

#### ARTICLE IV

The number of shares of stock is: 100

#### ARTICLE V

The initial board of directors shall consist of at least four (4) members. Who need not be residents of the State of Florida.

Myrna Hughes-President 1503 NW 47 Ave

Lauderhill, Fl 33313

Marva Battle-Secretary

150% NW 47 Ave Miramar, F1 33023 Matia Hughes -Vice President

150B NW 47 Ave

Lauderhill, Fl 33313

Mary Hill-Treasurer 1503 NW 47 Ave

Lauderhill, F1 33313

.. Date

D. 2/1/...

### <u>CERTIFICATE OF DESIGNATION</u> REGISTERED <u>AGENT/REGISTERED</u> <u>OFFICE</u>

Pursuant to the provisions of sections 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

The name of the corporation shall be:

#### New Method Performing Arts Studio, Inc.

The name and address of the registered agent and office

(NAME) Myrna Hughes

(P 0 BOX NOT ACCEPTABLE)

1503 NW 47 Ave 1503(Address)

Lauderhill, Florida 33313 (City, State & Zip)

(Oily, Baile at 21p)

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as the registered agent.

SIGNATURE

DATE

DIVISION OF CORPORATION

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