

P11000104012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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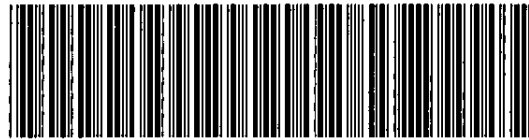
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 DEC -6 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 07 2011

COVER LETTER

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

SUBJECT: Special Moves Dance 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:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Kristopher A. Vanderlaan

Name (Printed or typed)

2337 East Silver Springs Blvd.

Address

Ocala, Florida 34470

City, State & Zip

352-789-6744

Daytime Telephone number

kvanderlaan@embarqmail.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Special Moves Dance Studio, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3640 NE 20th Place

Ocala, Florida 34471

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harriet Booth - President

Address: 21378 NW 150th Avenue Road

Micanopy, Florida 32667

Name and Title: _____

Address: _____

Name and Title: Tonya O'Quinn - Vice President

Address: 3640 NE 20th Place

Ocala, Florida 34471

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kristopher A. Vanderlaan

Address: 2337 East Silver Springs Blvd.

Ocala, Florida 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristopher A. Vanderlaan

Address: 2337 East Silver Springs Blvd.

Ocala, Florida 34470

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/Registered Agent

December 5, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

December 5, 2011

Date

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TALLAHASSEE, FLORIDA