

P15000056685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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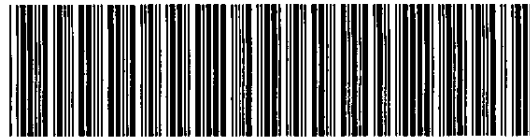
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/15--01010--003 **87.50

FILED
15 JUL -7 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W15 - 044514

COVER LETTER

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

SUBJECT: Atlantic Coast Ballet Company
(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: Tamara Daniel
Name (Printed or typed)

5813 Papaya Dr
Address

Fort Pierce, FL 34982
City, State & Zip

(772) 834-8620
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2015

TAMARA DANIEL
5813 PAPAYA DR.
FORT PIERCE, FL 34982

SUBJECT: ATLANTIC COAST BALLET COMPANY
Ref. Number: W15000044514

We have received your document for ATLANTIC COAST BALLET COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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 (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 315A00013654

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: Atlantic Coast Ballet Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

600 SW Darwin Blvd, Suite 202C,
Port St Lucie, FL 34953 ^{209, 210}

5813 Papaya Drive
Fort Pierce, FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Albert Daniel III - Director Name and Title: Secretary

Address: 5813 Papaya Dr Address: _____
Fort Pierce FL 34982

Name and Title: Tamara Daniel - President Name and Title: _____

Address: 5813 Papaya Dr Address: _____
Fort Pierce, FL 34982

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: Albert Daniel

Address: 5813 Papaya Dr
Fort Pierce, FL 34982

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Tamara Daniel

Address: 5813 Papaya Dr
Fort Pierce, FL 34982

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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/Registered Agent

6/21/15
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

6/21/15
Date