

PI6000043288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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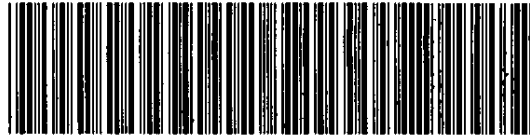
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: One Flute Weddings & Entertainment, 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: Darbye-Leigh Elliott
Name (Printed or typed)

3019 SE 10th Ave
Address

Cape Coral, FL 33904
City, State & Zip

239-224-9070
Daytime Telephone number

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

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

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: One Flute Weddings & Entertainment, inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3019 SE 10th Ave.
Cape Coral, FL 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation will provide
classical music entertainment for weddings,
special events, and parties as well as any
and all legal business in Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darbye Leigh Elliott, owner Name and Title: _____

Address: 3019 SE 10th Ave Address: _____
Cape Coral, FL 33904

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Nadege Elliott
Address: 3019 SE 10th Ave
Cape Coral, FL 33904

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ARTICLE VII INCORPORATOR

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

Name: Darbye-Leigh Elliott
Address: 3019 SE 10th Ave
Cape Coral, FL 33904

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
04/29/2016
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
4/29/2016
Date