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(Requestor's Name)

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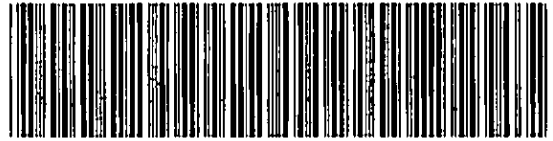
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR 23 PM 1:21
TALLAHASSEE, FL 32301

D O'KEEFE
APR 02 2018

COVER LETTER

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

SUBJECT: Tampa Bay Open Mic Association, 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: Carl Dilley
Name (Printed or typed)
9989 Sage Point Dr
Address
Seminole FL 33777
City, State & Zip
727-459-7378
Daytime Telephone number
cd@coralcap.com
E-mail address: (to be used for future annual report notification)

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: Tampa Bay Open Mic Association, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

887 ADDISON DR N.E.

ST. PETERSBURG FL 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROMOTE AND GROW THE MUSICIAN COMMUNITY
IN THE TAMPA BAY AREA.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Melin - Pres Name and Title: _____

Address 887 ADDISON DR NE Address: _____

ST. PETERSBURG FL 33716

Name and Title: Carl Dilley VP Name and Title: _____

Address 9989 Sago Pt Dr Address: _____

Seminole FL

33777

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: Carl Dilley
Address: 9989 Sage Point Dr
Seminole, FL 33777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Melin
Address: 887 Addison Dr N.E
St. Petersburg FL 33716

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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 days prior or 90 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
3-22-18
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
3-22-18
Date