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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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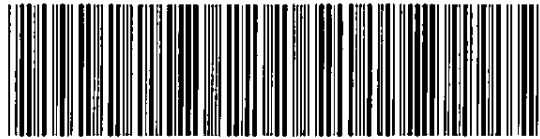
(Business Entity Name)

(Document Number)

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JAN 21 2025

STATE OF FLORIDA
TALLAHASSEE, FL

2025 JAN 21 PM 5:07

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUR FABULOUS VARIETY SHOW, INC.
Name of Corporation — must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

KASIA KLIMIUK
Name of Person

OUR FABULOUS VARIETY SHOW, INC.
Firm/Company

P.O. BOX 154

Address

HAMPTON BAYS, NY 11946
City/State and Zip Code

OURFABULOUSVARIETYSHOW@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KASIA KLIMIUK at (516) 297-4123
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|--|---|

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. OUR FABULOUS VARIETY SHOW, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK / USA

(State or country under the law of which it is incorporated)

3. 47-3695330

(FEI number, if applicable)

4. 08/02/2016

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. NEVER

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 44 MEADOW WAY, EAST HAMPTON NY 11937

(Principal office street address)

P.O. BOX 154, HAMPTON BAYS NY 11946

(Current mailing address, if different)

8. ARTS EDUCATION + PERFORMING ARTS NONPROFIT/NEW REMOTE

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: NICOLE D'ERRICO

Office Address: 10306 WINE PRESS AVENUE

RIVERVIEW

(City)

Florida

33578

(Zip Code)

EMPLOYEE IN
FLORIDA
DEVELOPMENT
COORDINATOR &
EXECUTIVE ADMIN

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

Nicole D'Errico

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: KATHRYN MENU
☐ Vice Chairman Address: 37 MANOR LANE
☐ Director EAST HAMPTON, NY 11937
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: ALESSANDRA GRANGEIRO
☒ Vice Chairman Address: 19 SYCAMORE DRNE
☐ Director EAST HAMPTON, NY 11937
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: ERIN MCGINTEE
☐ Vice Chairman Address: 9 RENFREW LANE
☐ Director EAST HAMPTON, NY 11937
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: BOARD MEMBER ☐ Other: _____

☐ Chairman Name: ANN STEWART
☐ Vice Chairman Address: 46 SYCAMORE DRNE
☐ Director EAST HAMPTON, NY 11937
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: BOARD MEMBER ☐ Other: _____

☐ Chairman Name: JAMESON MCWILLIAMS
☐ Vice Chairman Address: HAIGHT 744 E. HAMPTON
☐ Director SAB HAROR TPK
☐ President EAST HAMPTON, NY 11937
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: BOARD MEMBER ☐ Other: _____

☐ Chairman Name: JAHAIKA TIRADO
☐ Vice Chairman Address: 14 STUART'S LANE
☐ Director EAST HAMPTON, NY 11937
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: BOARD MEMBER ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Agrace
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Alessandra Grangeiro 1-10-25
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

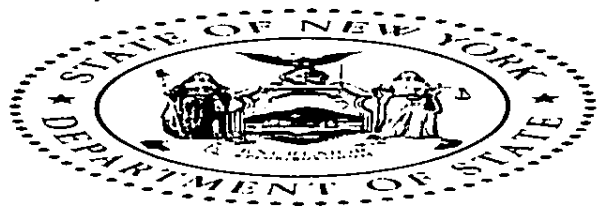
I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: OUR FABULOUS VARIETY SHOW INC.
DOS ID Number: 4703101
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/30/2015

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on January 14, 2025 at 09:33 A.M.

WALTER T. MOSLEY
Secretary of State



BRENDAN C. HUGHES
Executive Deputy Secretary of State