

Tennessee Secretary of State
Tre Hargett



Division of Business and Charitable Organizations
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243-1102

May 30, 2025

ROBERT ALVAREZ
2755 LAKE AVE, APT B
WEST PALM BEACH, FL 33436 USA

RE: Registration to Solicit Funds for Charitable Purposes

Organization Name: THE ARTIST POST INC

CO Number: CO53341

Renewal Date: 06/30/2026

Dear ROBERT ALVAREZ:

Pursuant to the Tennessee Charitable Solicitations Act, T.C.A. § 48-101-501, *et seq.* the Tennessee Secretary of State has reviewed your application and is pleased to announce your organization's registration to solicit contributions has been **approved**.

The organization must maintain statutory compliance by submitting a renewal application and required fees on an annual basis. At that time you may be required to submit tax filings, financial statements, proof of IRS status, and other documents related to your organization and its fundraising activities. You can find additional information and submit additional filings online at <https://sos.tn.gov/charities>. The "CO" Number listed above will serve as your organization's charitable registration number and should be used when submitting any charitable filings or correspondence.

Please also be advised that if the organization's application or other provided information includes false, misleading, or deceptive statements, appropriate action will be taken. Pursuant to the Tennessee Charitable Solicitations Act, a civil penalty of up to five thousand dollars (\$5,000.00) may be assessed for any violation.

Thank you for registering your organization and please do not hesitate to contact us with any questions at (615)741-2555.

Sincerely,

A handwritten signature in black ink that reads "Tre Hargett".

Tre Hargett
Secretary of State

Tracking Number
2025121165

Application for Initial Registration of a Charitable Organization



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2286

sos.tn.gov/charities

CO Number: CO53341
Filed: 05/29/2025 04:04 PM
Tre Hargett
Secretary of State

Organization Information

Legal Name of the Charitable Organization: THE ARTIST POST INC

Legal entity type of the Organization: Corporation

Fiscal Year Ending Month: December

FEIN: 85-2609788

When and where was the organization legally established

Date: 08/16/2020

Country: USA

City/State: BROKEN ARROW, OK

Principal Office Address

1200 FOSTERS MILL LN

BOYNTON BEACH, FL 33436, USA

Mailing Address of the Organization

2755 LAKE AVE, APT B

WEST PALM BEACH, FL 33436, USA

Contact Information for the Charitable Organization

Contact Name: ROBERT ALVAREZ

Telephone Number: (832) 833-9100

Email: Robbie@theartistpost.org

Website: www.TheArtistPost.org

Do you solicit contributions or operate under any other name(s)?

Yes No

Has the organization registered in any other state(s)?

Yes No

Other States

FL, ID, MN, TX, WA

Does the charity have other offices, chapters, branches or affiliates?

Yes No

The category that best describes your organization

A - Arts, Culture, Humanities

The charitable purpose of the organization

The Artist Post Promotes Humanity Through Art By Advocating For Artists Spanning All Artistic Genres & Supporting Them To Practice Their Art, Collaborate, & Encouraging Others To Pursue Their Passions.

Tax & Financial Information

Tax Exemption Status: Tax-exempt

501(c) Exemption Type: 501(C)(3)

IRS Determination Effective Date: 08/16/2020

Has the organizations tax-exempt status ever been revoked by the Internal Revenue Service?

Yes No

Has the organization been in operation for a complete fiscal year?

Yes No

Last Fiscal Year Start: January 2024

Last Fiscal Year End: December 2024

Type of 990 Tax Form Filed: 990-N (ePostcard)

Gross Revenue

| | |
|--|------------------|
| Direct and Indirect Public Contributions | \$ 500.00 |
| Government Grants | \$ 0.00 |
| Special Events and Activities | \$ 0.00 |
| Membership Dues | \$ 0.00 |
| Other Revenue | \$ 0.00 |
| Total Revenue | \$ 500.00 |

Expenses

| | |
|---------------------------------|----------------|
| Total Program Expenses | \$ 0.00 |
| Management and General Expenses | \$ 0.00 |
| Fundraising Expenses | \$ 0.00 |
| Other Expenses | \$ 0.00 |
| Total Expenses | \$ 0.00 |

| | |
|---|------------------|
| Excess/Deficit For the Year (Total Revenue - Total Expenses) | \$ 500.00 |
|---|------------------|

Solicitation Information

Have you been enjoined by any court from soliciting contributions?

Yes No

Does your organization contract with or otherwise engage the services of any outside fundraising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer")?

Yes No

Officer Information

List each officer, director, and trustee (at least 2 officers are required, and you must list officers who have or share the following titles: "Chief Financial Officer", "Custodian of Contributions", "Custodian of Final Distributions")

ROBERT ALVAREZ
1200 FOSTERS MILL LN
BOYNTON BEACH, FL 33436, USA
Title(s): President

ROBERT ALVAREZ
1200 FOSTERS MILL LN
BOYNTON BEACH, FL 33436, USA
Title(s): Custodian of Contributions, Custodian of Final Distributions

SHEA MANDLI
1200 FOSTERS MILL LN
BOYNTON BEACH, FL 33436, USA
Title(s): Chief Executive Officer

Has any officer, director, manager, operator, or principal of the organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?

Yes No

Signature

I certify that this is my signature and I have the authority to submit this registration form on behalf of the organization and that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.

Signed Electronically: Robert Alvarez

Date: 05/29/2025

Title: President

I certify that this is my signature and I have the authority to submit this registration form on behalf of the organization and that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.

Signed Electronically: Shea Mandli

Date: 05/29/2025

Title: Chief Executive Officer