

N/11000007378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

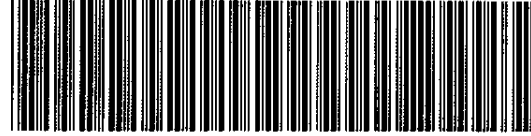
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200209948182

07/25/11--01035--014 **78.75

RECEIVED
11 AUG -3 PM 12:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/08/11

W11-39276



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Division of Corporations

Enclosed, please find the
Corrected Articles of Inc.

RECEIVED
11 AUG -3 AM 10:25
Matthew L Mobley

SECRETARY OF STATE
Tallahassee, Florida

July 26, 2011

MATTHEW L. MOBLEY
2714 PINE SHADOW LANE
CLERMONT, FL 34711

SUBJECT: MINNEOLA INSTRUMENTAL MUSIC ASSOCIATION
Ref. Number: W11000039276

We have received your document for MINNEOLA INSTRUMENTAL MUSIC ASSOCIATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 111A00017704

COVER LETTER

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

SUBJECT: Minneola Instrumental Music Association
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Matthew L. Mobley
Name (Printed or typed)

2714 Pine Shadow Lane
Address

Clermont, FL 34711
City, State & Zip

407-267-2312
101 N. Hancock Telephone number

lmhs.mima.bandboosters@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME Minneola Instrumental Music Association, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
101 N. Hancock Rd.
Minneola, FL 34715

Mailing address, if different is:
PO Box 2012
Minneola, FL 34755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to financially and operationally support the development of instrumental music in Minneola, FL at the secondary educational level. The purpose for which the corporation is organized is exclusively charitable and educational within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors and Officers of the corporation are elected, in accordance with the by-laws, by majority vote of the members annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew L. Mobley
Address: 2714 Pine Shadow Ln
Clermont FL 34711

Name and Title: Jackie Salgado
Address: 1114 Blackjack Ridge
Minneola, FL 34715

Name and Title: Meg Ferris
Address: 1255 Lattimore Dr.
Clermont FL 34711

Name and Title: Carrie Jones
Address: 12122 Howey Cross Rd
Clermont FL 34715

Name and Title: Rosa Pettus
Address: 15340 Thoroughbred Ln
Montverde FL 34756

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Matthew L. Mobley
Address: 2714 Pine Shadow Ln
Clermont FL 34711

11 AUG -3 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew L. Mobley
Address: 2714 Pine Shadow Ln
Clermont FL 34711

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

Matthew L. Mobley
Required Signature of Registered Agent

7-29-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Matthew L. Mobley
Required Signature of Incorporator

7-29-11
Date