N/200006078

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
	•				

Office Use Only



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~ 06/29/D

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

SUBJECT:	Odej The Heri PROPOSED CORPORA	TE NAME – MUST INCLU	Mentoring DE SUFFIX)	Though not Inc			
Enclosed is an origina \$70.00 Filing Fee	l and one (1) copy of the Art \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate				
FROM: Name (Printed or typed) ADDITIONAL COPY REQUIRED Name (Printed or typed)							
Address Jehigh Acres Horrob 33974 City, State & Zip Daytime Telephone number							
	Sing 15 ing 6	Dylans. Con	() ()				

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

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the con	NAME poration shall be: Melody The	teart of	David M	Pentoring Though
•	PRINCIPAL OFFICE Principal street address STATUS SALES LEMINA OFFICE			ss, if different is:
ARTICLE III	PURPOSE			
The purpose for what To educate	wich the corporation is organized is: Participation of the strain of th	lents for	r pues o	f service
UND CON Thems	tribution-as teacher	ys, per	formers,	Composers,
ARTICLE IV	MANNER OF ELECTION The manner in v	which the directors a	re elected and appointe	ed:
$\overline{}$	Process		•••	
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECTOR	RS Name and Title	Sheller (1)	Vc Innis
Address:	CFO/Prosident 572 Cypress Ave Sou Lehigh Gons, Fl 339	Address:	Secretario 2015 Lina oramento,	talifornia 9582
Name and Tit Address:	Vicole C. Washinghe Gree President 572 Cupyes he South Lehan Cores, Fl 339	Name and Title:_ Address:		
Name and Tit Address:	le: <u>He/ly (1)000</u> Treasurer 2550 Central Que Alameda, California	Name and Title:_ Address:		
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of the street ad	the registered agent South Florida 33	is:	الا الله الله الله الله الله الله الله
ARTICLE VII The name and add Name: Address:	INCORPORATOR ress of the Incorporator is: 1	n South idd 3397	J	ESSECTIONIO
	d as registered agent to accept service of processiliar with and accept the appointment as registere Required Signature of Registered Agent			place designated in this 18/2012 Dayle
	nent and affirm that the facts stated herein are tru f State constitutes a third degree felony as provide			submitted in a document
Laur	Required Signature of Incorporator	ton	6.	18-2010 Date

Melody The Heart of David Mentoring Through Music Tax Id number:

80-0825829

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* This is our new tax id Ulumber that we just received over the phone from a agent. The agent said they will be Sending the Id number in the mail Thank (fold Mr. Dawid M Washington) CEO/President