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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

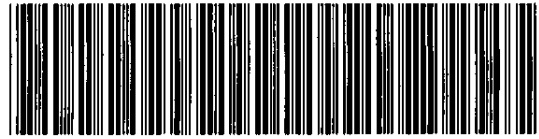
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COVER LETTER

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

SUBJECT: Symphony Seven Schools, Inc.
(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: Buford Manion
Name (Printed or typed)

1410 E. Indianhead Dr.
Address

Tallahassee, FL 32301
City, State & Zip

850-878-1752
Daytime Telephone number

bmanion@symphonyseven.org
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

The name of the corporation shall be: Symphony Seven Schools, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1410 E. Indianhead Dr.
Tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to do all things reasonable and proper in the operation of a nonprofit private school within the state of Florida. This corporation is organized exclusively for educational purposes within the meaning of IRC Section 501(c)(3) of the Internal Revenue Code. This corporation is a nonprofit corporation under the laws of the state of Florida and is not formed for pecuniary profit.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The initial board of directors shall be persons named herein. Thereafter, the board may be chosen by board members through nomination process

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Buford Manion, Chair Name and Title: _____

Address: 1410 E. Indianhead Dr. Address: _____
Tallahassee, FL-32301 _____

Name and Title: Pamela Andrews, Vice Chair Name and Title: _____

Address: 1410 E Indianhead Dr. Address: _____
Tallahassee, FL-32301 _____

Name and Title: Terry Edwards, Secretary Name and Title: _____

Address: 1410 E. Indianhead Dr. Address: _____
Tallahassee, FL 32301 _____

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SECRETARY OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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: Buford Manion
Address: 1410 E. Indianhead Dr.
Tallahassee, FL 32301

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pamela Andrews
Address: 1410 E. Indianhead Dr.
Tallahassee, FL 32301

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 business days prior or 90 business 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

[Signature]
Required Signature of Registered Agent

June 24, 2016
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.

[Signature]
Required Signature of Incorporator

June 24, 2016
Date