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PICK-UP WAIT MAIL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 5/2

COVER LETTER

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

SUBJECT: Mozart Evaluation, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Edward Rossi

Name (Printed or typed)

10800 SW 51 Court

Address

Davie, FL 33328

City, State & Zip

954-719-0001

Daytime Telephone number

rossi.edward@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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Mozart Evaluation, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

10800 SW 51 Court
Davie, FL 33328

Mailing address, if different:

5722 S. Flamingo Road
Suite 207
Fort Lauderdale, FL 33330

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Home Inspections,

Insurance Claim Evaluations,
Renovation & Repair Estimating,
Public Adjuster,
Roof Inspector,
HUD/FHA 203(k) Consultant/Evaluation

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward Rossi Name and Title: _____
Address: 5722 S. Flamingo Road Address: _____
Suite 207
Fort Lauderdale, FL 33330

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

(cont.)

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: Edward Rossi
 Address: 10800 SW 51 Court
Davie, FL 33328

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 FALLAHASSEEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward Rossi
 Address: 10800 SW 51 Court
Davie, FL 33328

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


 Required Signature/Registered Agent

04/23/2014
 Date

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


 Required Signature/Incorporator

04/23/2014
 Date