

P170,000 95722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

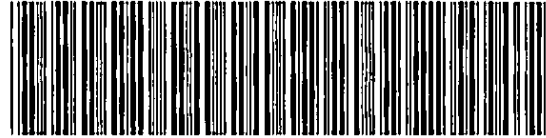
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STATE ARCHIVE OF FLORIDA
TALLAHASSEE, FLORIDA

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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Edward J. Rossi
Name (Printed or typed)
10640 SW 51 Court
Address
Davie, FL 33328
City, State & Zip
954-347-4606
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 Mailing address, if different is:
10640 SW 51 Court _____
Davie, FL 33328 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Valuating properites or
inspecting properties or
estimating damages or
indoor air quality testing and assessments

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward J. Rossi / President	Name and Title: _____
Address: 10640 SW 51 Court	Address: _____
Davie, FL 33328	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Edward J. Rossi
 Address: 10640 SW 51 Court
 Davie, FL 33328

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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

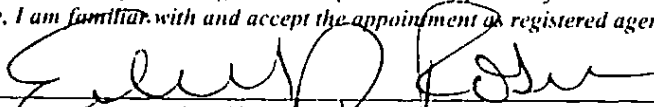
Name: Edward J. Rossi
 Address: 10640 SW 51 Court
 Davie, FL 33328

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/26/2017. (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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.

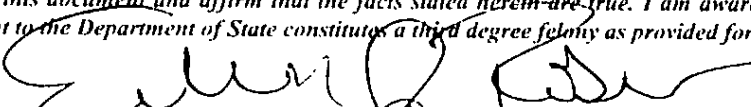
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent 11/26/2017

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 11/26/2017

Date

Detail by Entity Name

Florida Profit Corporation
MOZART EVALUATION, INC.

Filing Information

Document Number P14000038632
FEI/EIN Number 46-5576397
Date Filed 05/01/2014
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION
FOR ANNUAL REPORT
Event Date Filed 09/22/2017
Event Effective Date NONE

11/26/2017

I, Edward Rossi,

release the name

Mozart Evaluation, Inc.

I have no intention of

renewing this dissolved
Corporation and release

the name Mozart
Evaluation, INC. so it

can be used for

the new Corporation,

Principal Address

10800 SW 51 COURT
DAVIE, FL 33328

Mailing Address

5846 S.FLAMINGO ROAD, SUITE 207
FORT LAUDERDALE, FL 33330

Changed: 04/29/2015

Registered Agent Name & Address

ROSSI, EDWARD
10800 SW 51 COURT
DAVIE, FL 33328

Officer/Director Detail

Name & Address

Title D

ROSSI, EDWARD
5846 S.FLAMINGO ROAD, SUITE 207
FORT LAUDERDALE, FL 33330

Annual Reports

Report Year	Filed Date
2015	04/29/2015
2016	04/28/2016

Document Images

- [04/28/2016 -- ANNUAL REPORT](#) View image in PDF format
- [04/29/2015 -- ANNUAL REPORT](#) View image in PDF format
- [05/01/2014 -- Domestic Profit](#) View image in PDF format

Edward Rossi
President