

P11000091347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

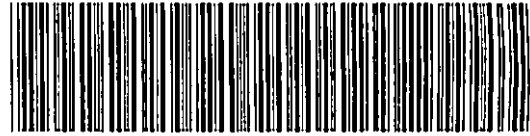
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

214 37367

Office Use Only



100297672241

04/11/17--01002--001 \*\*78.75

17 DEC - 8 PM 4: 36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N CULLIGAN

DEC 8 2017

**FLORIDA PROFIT BENEFIT CORPORATION  
COVER LETTER**

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

Band Together, Inc.

**SUBJECT:** \_\_\_\_\_  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
--	---

**ADDITIONAL COPY REQUIRED**

Steve Rogers  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
11231 US Highway 1, Suite 101  
\_\_\_\_\_  
Address  
North Palm Beach, FL 33408  
\_\_\_\_\_  
City, State & Zip  
561.718.4988  
\_\_\_\_\_  
Daytime Telephone number  
steve@bandtogether.rocks  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2017

STEVE ROGERS  
11231 US HIGHWAY 1  
SUITE 101  
NORTH PALM BEACH, FL 33408

SUBJECT: BAND TOGETHER, INC.  
Ref. Number: W17000031844

We have received your document for BAND TOGETHER, INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return 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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 217A00007117

**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Band Together, Inc.

The name of the benefit corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11231 US Highway 1, Suite 101

North Palm Beach, FL 33408

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

Provide encouragement, training, and information for parents to help their children to learn to make music.

17 DEC - 8 PM 4: 38  
SECRETARY OF STATE  
ALLAHAMMAD FLORIDA

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Name and Title: Adrienne Hetzer, Executive Director

Name and Title: Brian Hetzer, Director

Address: 11231 US Highway 1, Suite 101

Address: 11231 US Highway 1, Suite 101

North Palm Beach, FL 33408

North Palm Beach, FL 33408

Name and Title: Steve Rogers, Director

Name and Title: \_\_\_\_\_

Address: 11231 US Highway 1, Suite 101

Address: \_\_\_\_\_

North Palm Beach, FL 33408

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

If applicable, BENEFIT DIRECTOR:

Name: Adrienne Hetzer

Address: 11231 US Highway 1, Suite 101

North Palm Beach, FL 33408

If applicable, BENEFIT OFFICER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Steve Rogers

Address: 11231 US Highway 1, Suite 101

North Palm Beach, FL 33408

17 DEC - 8 PM 4: 36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

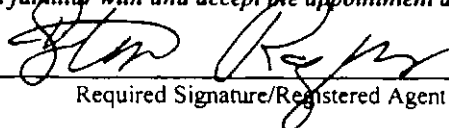
Name: Steve Rogers

Address: 11231 US Highway 1, Suite 101

North Palm Beach, FL 33408

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

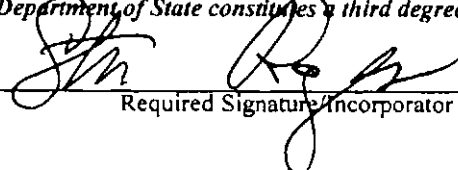
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

October 6, 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

October 6, 2017

Date