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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

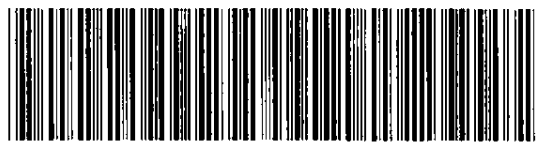
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Music for Healing and Transition Program Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Renee Ebert MPH
Name of Person
Music for Healing and Transition Program Inc
Firm/Company
8815 Conroy-Windermere Road
Address
P.O. Box 386
Address
Orlando, FL 32835
City/State and Zip Code
renee.ebert@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Ebert at (570) 460-7466
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Music for Healing and Transition Program Inc
 (Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 29, 2002 5. _____
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 8815 Conroy-Windermere Road, P.O. Box 386, Orlando, FL 32835
 (Principal office address)

(Current mailing address, if different)

8. trains and certifies musicians to provide live, therapeutic music to individuals to create a healing environment
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)


9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Renee Ebert MPH
 Office Address: 2848 Ripton Court
 Orlando, Florida 32835
 (City) (Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


 (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: Renee Ebert Executive Director

Address: 2848 Ripton Court

Orlando, FL 32835

B. OFFICERS

Carol J Spears

President: _____

Address: 1305 Ballesteros Drive

The Villages, FL 32162

Vice President: Kris Snyder

Address: PO Box 127 - 7913 Glen Echo Road

Glenville, PA 17329

Secretary: Susan Wohld

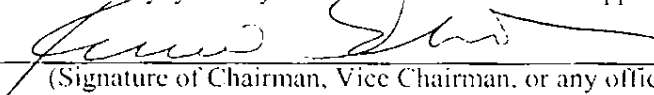
Address: 5909 Lee Avenue, Downers Grove, IL 60516

Treasurer: Cheryl Zabel

Address: 237 107th Street East, Spanaway, WA 98387

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Renee Ebert
(Typed or printed name and capacity of person signing application)



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for MUSIC FOR HEALING AND TRANSITION PROGRAM, INC. (file number 133985501), a Domestic Nonprofit Corporation, was filed in this office on January 06, 1995.

It is further certified that the entity status in Texas is in existence

It is further certified that our records indicate MARTHA LEWIS as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1007 CYPRESS STATION DRIVE, #2207

HOUSTON, TX - 77090 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 04, 2017.



A handwritten signature in black ink, appearing to read "Rolando B. Pablos".

Rolando B. Pablos
Secretary of State