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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2018

TONY LAVORGNA 105 TUCKER AVE SARASOTA, FL 34232

SUBJECT: SPIRIT OF MUSIC FOUNDATION

Ref. Number: W18000029275

We have received your document for SPIRIT OF MUSIC FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation... This word may be: CORPORATION, CORP., INCORPORATED, or INC

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00006101

2018 MAY 25 AM 10:

#### **COVER LETTER**

SPIRIT OF MUSIC FOUNDATION

Name of Corporation – must include suffix

SPIRIT OF MUSIC FOUNDATION
Firm/Company

105 TUCKER AVE

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:

TONY LAVORGNA
Name of Person

TO:

Dear Sir or Madam:

Registration Section Division of Corporations

SARASOTA FL 34232 City/State and Zip Code	LED 25 P P 10
TONY @ SAINT TONE, COM  E-mail address: (to be used for future annual report notification)	_
E-mail address. (to be used for future aimidal report normeation)	
For further information concerning this matter, please call:	
TONY LAVORENA at (8/3) 4/6-4/68  Name of Person Area Code Daytime Telephone No.  MAILING ADDRESS: Registration Section Division of Corporations  Division of Corporation	ADDRESS:
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314  2661 Executive Center (Tallahassee, FL 32301)	Circle
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy \ Cer	7.50 Filing Fee. rtificate of Status & rtified 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: (Name of corporation: must include the word "INCORPORATION" or "CORPORATION" 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) (State or country under the law of which it is incorporated) 3. EIN # 47-5054185 (FEI number, if applicable) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) (Current mailing address, if different) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: 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.

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.

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## 12. Names and addresses of officers and/or directors

### A. DIRECTORS

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	: ` .
Address:	T. YAN T
B. OFFICERS  President: TONY A LAVOR GNA	
Address: 105 TVCKER AVE  SARASOTA FL 3423Z	
Vice President:  Address:	
Scoretary: JANIE Boisclair	
Address: 105 TVUKER AVE SARASUTA FL CFO Treasurer: DAVID S GILMAN	3 4 7 3 2
Address: 341 FILBERT ST EL CASON C	CA 92020
NOTE: If necessary, you may attach an addendum to the application listing additional	l officers and/or directors.
13. (Signature of Chairman, or any officer listed in number 12	of the application)
14	cation)

# State of California Secretary of State

CERTIFICATE OF STATUS

#### **ENTITY NAME:**

SPIRIT OF MUSIC FOUNDATION

FILE NUMBER:

C3820903

FORMATION DATE:

08/27/2015

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 09, 2018.

ALEX PADILLA
Secretary of State