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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Practice Room Foundation, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLUI</u>	DE SUFFIX)		
		,			
	•				
Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :					
\$70.00	▼ \$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
·	Certificate of	& Certified Copy	Certified Copy		
	Status		& Certificate		
		ADDITIONAL CO	PY REQUIRED		
	•				
FROM: Thomas J. Heany					
Name (Printed or typed)					
10033 Lone Tree Lane					
Address					
Odanda El 20020					
Orlando, FL 32836 City, State & Zip			-		
**					
(407) 909-0753					
Daytime Telephone number					

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

The Practice Room Foundation, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 10033 Lone Tree Lane, Orlando, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To support and encourage music education.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

In the first year, directors will be invited to serve by the registered agent. Subsequently, potential board members will be identified by a nominating committee and chosen by current board members.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: 10033 Lone Tree Lane, Orlando, FL 32836

Thomas J. Heany

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas J. Heany, 10033 Lone Tree Lane, Orlando, FL 32836

***************************************	**********
Having been named as registered agent to/accept service of process for the in this ceptificate, I am familiar with and accept the appointment as registe	above stated corporation at the place designated ared agent and agree to act in this capacity.
Momes Skay	Feb, 1, 2007
Signature/Registered Agent	Date
1/18MB) / Kany	Feb, 1, 2007
Signature/Incorporator	Date