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Special Instruction's to Filing Officer:	۱						
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

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

SUBJECT: 770	PROPOSED CORPORAT	E NAME - MUST-INCL	Crestre UDE SUFFIX)				
Enclosed is an original a  S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate				
FROM: Fmiliz Hickman Name (Printed or typed)							

Address

The Villages, Fl., 32162.

City, State & Zip

352, 259, 662

Daytime Telephone number

Carl Hickman & Illagas, must

E-mail address: (to be used for future annual report notification)

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



April 27, 2011

EMILLE HICKMAN 8856 SE 177TH GRASSMERE THE VILLAGES, FL 32162

SUBJECT: THE VILLAGES STRING ORCHESTRA

Ref. Number: W11000023656

We have received your document for THE VILLAGES STRING ORCHESTRA 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. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 611A00010284

**ARTICLES OF INCORPORATION**In compliance with Chapter 617, F.S., (Not for Profit)

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	ARTICLE VI REGISTERE	D AGENT	170	LI OVERVIOUS T	39
	The name and Florida street address	ss (P.O. Box NOT acceptable) of t	he registered agent is:	I LAKEWOOD I	" , T
	Name: Emilia	z Hickman		Librarian : I	Pasalle l'i
	Address: <u>\$85E</u>	SE 177#		1015 Amer	Ila Plac
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	ARTICLE VII INCORPORA	TOR	Repus	= + 12/0 Alan	Dar C 1 6
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-	Required	Signature of Registered Agent	<del>1,411)</del>	March 4,	<del></del>
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	I submit this document and affirm t				in a document
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