

N12000011904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

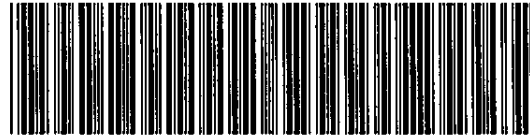
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 27 2012

## COVER LETTER

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

SUBJECT: Music for Healing Foundation, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: David Ott  
Name (Printed or typed)

107 Mark St  
Address

Destin, FL 32541  
City, State & Zip

850-687-0862  
Daytime Telephone number

David@DavidOttComposer.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Music for Healing Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
107 Mark St  
Destin FL 32541

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Music for Healing Foundation, Inc. is a not-for-profit organization that sponsors live performances of classical and sacred music, as well as recorded music, for the specific purpose of promoting healing to individuals who are in need of physical, emotional and/or spiritual restoration.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Directors are openly solicited, may recommend themselves or can be nominated by members of the Board.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. David Ott  
Address: 107 Mark St  
Destin, FL 32541

Name and Title: Dr. Viola Masters (retired teacher)  
Address: 307 Meggs Drive  
Fort Walton Beach, FL 43548

Name and Title: Valerie Anthony, Director Magnolia Manor  
Address: 141 Barks Drive  
Fort Walton Beach, FL 32547

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: David Ott  
Address: 107 Mark St.  
Destin, FL 32541

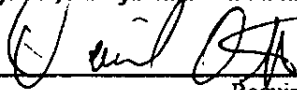
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

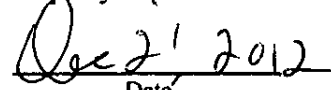
Name: David Ott  
Address: 107 Mark St.  
Destin, FL 32541

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*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*

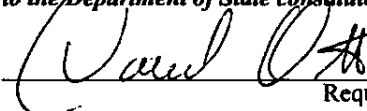


Required Signature of Registered Agent

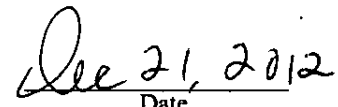


Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator



Date