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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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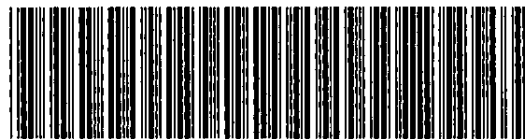
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUN 11 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CMD 6/12

COVER LETTER

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

SUBJECT: EventsMusic Encore Chorale, 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: Mary Vaughn
Name (Printed or typed)

5152 Northridge Rd., 104
Address

Sarasota, FL 34238
City, State & Zip

941-376-7788
Daytime Telephone number

Mary@EventsMusic.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: EventsMusic Encore Chorale, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
5152 Northridge Rd, #104
Sarasota, FL 34238

Mailing address, if different is:
P.O. Box 20201
Sarasota, FL 34276

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to provide opportunities for adults (especially age 55 and over) and others, to participate in
professionally led, creative or performing arts programs, such as chorales; music,
dance-movement, and theater classes. It's purposes are also to develop
and improve participants' artistic abilities by taking part in regular music and other
related activities which can lead to benefits such as increased social interaction and wellness.

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

Directors are to be appointed by Mary Vaughn

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Vaughn, Executive Director

Address 5152 Northridge Rd., #104
Sarasota, FL 34238

Name and Title: _____

Address: _____

Name and Title: William F.Wyllie, Director

Address _____

Name and Title: _____

Address: _____

Name and Title: Ida Tidwell, Director

Address _____

Name and Title: _____

Address: _____

Name and Title: Margaret Heaton, Director Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Name: Mary Vaughn
Address: 5152 Northridge Rd., #104
Sarasota, FL 34238

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary Vaughn
Address: 5152 Northridge Rd., #104
Sarasota, FL 34238

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

Mary Vaughn

Required Signature of Registered Agent

MARY VAUGHN

June 7, 2013

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.

Mary Vaughn

Required Signature of Incorporator

MARY VAUGHN

June 7, 2013

Date