N40000/0204

(Requestor's Name)				
(Address)				
(Address)				
(Cit	:y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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/D:	siness Entity Nar	ma\		
(Ви	siness Enuty Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ANOVEL PANOVEL

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COVER LETTER

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

SUBJECT: Cloud 9 Orchestra, 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: Hilery L. Ward, Jr.

Name (Printed or typed)

1207 New York Avenue

Address

Lynn Haven, FL 32444

City, State & Zip

(850)257-4366

Daytime Telephone number

Cloud9Orchestra@gmail.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)



The name of th	e corporation shall be: Cloud 9 Orch	nestra, Inc.		4_0.01
ARTICLE II			14 1604 3 11	
	Principal street address:		SECRETARY OF	= STATE FLORIDA
1207 New York Avenue				
Lyr	nn Haven, FL 32444	 - 		
ARTICLE II	I PURPOSE .			
The purpose for	or which the corporation is organized is:	encourage	others in the faith throu	ıgh music
	ken wordpreserving great			
responde	ers, and supporting charital	ble events/	organizations who are like	ke-minded
				
ADTIOL IS III	WANDED OF PERCEION The		Direct Di	tors shall be elected
at each annual	The manner of ELECTION The manner of the man			
	The state of the s	oor noo boon qua	mod, or oral doday, roughtator or romoval	<u>-</u>
ARTICLE V	/ INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title	e: Hilery L. Ward, Jr., President/Manager	Name and Title:	Amy R. Ward, Secretary	
Address	1207 New York Avenue	Address:	1207 New York Avenue	
	Lynn Haven, FL 32444	-	Lynn Haven, FL 32444	
Name and Title	e:	Name and Title:		
Address	**************************************	Address:		
Name and Title	e:	Name and Title:		
Address		Address:		

			APPROVEL
Name and Title:_		Name and Title:	FILED
Address		Address:	14 NOV -3 PM 3:21
_			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name and Title:_		Name and Title:	
Address _		Address:	
_			
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT accept	table) of the registered	agent is:
Name:	Hilery L. Ward, Jr.		
Address:	1207 New York Avenue	<u> </u>	
	Lynn Haven, FL 32444		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Hilery L. Ward, Jr.		
Address:	1207 New York Avenue	9	
•	Lynn Haven, FL 32444		
	ned as registered agent to accept service of amiliar with and accept the appointment as		ve stated corporation at the place designated in this agree to act in this capacity
-	Jely Juf		9/17/2014
	Required Signature of Registered	Agent	Date
	ment and affirm that the facts stated herei t of State constitutes a third degree felony a		e that any false information submitted in a document 7.155, F.S.
•	Helinter		9/17/2014
	Required Signature of Incorp	orator)	Date

*