

N140000/0204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

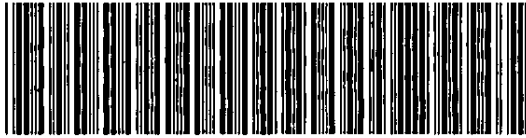
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV -3 PM 3:21

APPROVED
AND
FILED

VH

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)

APPROVED
AND
FILED

ARTICLE I NAME
The name of the corporation shall be: Cloud 9 Orchestra, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
1207 New York Avenue

Mailing address, if different from principal office:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lynn Haven, FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to encourage others in the faith through music and spoken word--preserving great American music, honoring veterans and first responders, and supporting charitable events/organizations who are like-minded

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors shall be elected at each annual meeting. A director shall serve until a successor has been qualified, or until death, resignation or removal.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hilery L. Ward, Jr., President/Manager
Address: 1207 New York Avenue
Lynn Haven, FL 32444

Name and Title: Amy R. Ward, Secretary
Address: 1207 New York Avenue
Lynn Haven, FL 32444

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

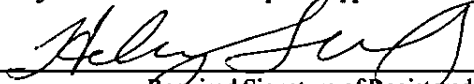
Name: Hilery L. Ward, Jr.
Address: 1207 New York Avenue
Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hilery L. Ward, Jr.
Address: 1207 New York Avenue
Lynn Haven, FL 32444

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

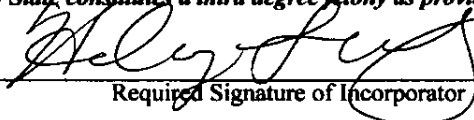


Required Signature of Registered Agent

9/17/2014

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

9/17/2014

Date