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SECRETARY OF STATE
ALLAHASSEE, FLORING

5EP 2 8 2015

COVER LETTER

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

SUBJECT:	l l	VUSICUE, J		
	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
		1 61	1 1 . 6	
Enclosed is an original a	nd one (1) copy of the Artic	les of Incorporation and	a check for :	
₀ 70.00	\$78.75 Filing Fee &	□\$78.75	\$87.50	
· Filing Fee	/Filing Fee & Certificate of	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	Status	a coa cop,	& Certificate	
		ADDITIONAL CO	PY REQUIRED	
	/ . ·	\sim		
FROM:	Jamzs L.	Statings		
	Name	(Printed or typed)		
1608 KAZEN ROAD				
	14)	7,000		
	COMOCHULA	33873 ily, State & Zip		
863-773-3594				
Daytime Telephone number				
	jamesstallin	as 20 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 the corporation shall be: WEDNESDLY WSICLE, THE.
ARTICLE II PRINCIPAL OFFICE
Principal street address: 1608 KAZEN ROAD Mailing address, if different is: P.O. Box 1865
Warchula, FL 33873 Warchula, FL 33873
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To EDUCATE our Community AND Promote THE PARTICIPATION OF OUR Community IN THE APPRECIATION OF AMERICAN MUSIC, AS WELL AS PROVIDE SCHOLARSHIP AWARDS
TO GRADUATING HICH SCHOOL STRICKS IN THE STUDY OF THE
ARTS.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: VOTED ON BY MERSHIP EVERY 2 YEARS.
Name and Title: JAMES CHLLOKE, RESIDENT Name and Title: LOUISE GANTT, SECRETARY Address 1608 KAZEN ROAD Address: P.O.Box 367 WHICHULA, FL 33873 BOWLING GREW, FL 33834
Name and Title: MEDLYN STRICKLAND, Washe and Title: Address FT. MEDE, FL 33841
Name and Title: Pay GILL, TREISURER Name and Title: Address 620 SAUNDERS STREET Address: WAUCHUM, FL 33873

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- 		
Name and Title:	Name and Title:	
Address		_
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Name and Title:	Name and Title:	-
Address	Address:	
		_
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ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acce		
Name: KICHARD LODEZ	PLLP ATTORNEYS AT YOU AUTHUE FOR	
Address:	Artico	,
BARTOW, 12 338	170002 171	15 SEP
ARTICLE VII INCORPORATOR	HAS	N press
The name and address of the Incorporator is:	ກ ກ ກ.ຕ	· {
Name: James L. Stallings		
Address: 1608 KAZEN ROAG	E, FLORIÐA	5
Address: 1608 KAZEN ROAG WWCHULS, FL	<u>338</u> 73	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific at	(OPTIONAL) nd cannot be more than five business days prior or 90	business days
after the filing.)	•	
Note: If the date inserted in this block does not meet the approximant document's effective date on the Department of State's reco	pplicable statutory filing requirements, this date will not lords.	be listed as the
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment of	of process for the above stated corporation at the place as registered agent and agree to act in this capacity	e designated in this
	9/17/2	3015
Required Signature of Registered	d Agent Date	1017
I submit this document and affirm that the facts stated here to the Department of State constitutes a third degree felony	ein are true. I am aware that any false information subm	nitted in a document
AATTN.	9/2/2	015
Required Shanature of Incom	rporator Date	
0		