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FILED  
15 OCT 14 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED OCT 20 2015

## COVER LETTER

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

**SUBJECT:** MUSIC IS MEDICINE, 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:** HITEN UPADHYAY  
\_\_\_\_\_  
Name (Printed or typed)

640 TYRONE BOULEVARD NORTH  
\_\_\_\_\_  
Address

ST. PETERSBURG, FLORIDA 33710  
\_\_\_\_\_  
City, State & Zip

727-452-8853  
\_\_\_\_\_  
Daytime Telephone number

HITEN\_UPADHYAH@YAHOO.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 IS MEDICINE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
640 TYRONE BOULEVARD NORTH

ST. PETERSBURG, FLORIDA 33710

Mailing address, if different is:  
PO BOX 7941

ST. PETERSBURG, FLORIDA 33734

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE MUSIC THERAPY TO THOSE IN NEED, AND TO EDUCATE AND CREATE AWARENESS IN THE BROADER COMMUNITY ABOUT THE ABILITY OF MUSIC TO PROVIDE THERAPEUTIC AND HEALTH BENEFITS TO INDIVIDUALS AND FAMILIES SUFFERING FROM MEDICAL, HEALTH OR OTHER AILMENTS.

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

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

Name and Title: HITEN UPADHYAY, Pres. & Director

Address: 4419 BAYSHORE BLVD N.E.  
ST. PETE, FLORIDA 33703

Name and Title: BHUMI UPADHYAY, V-P. & SECRETARY OF THE BOARD

Address: 4419 BAYSHORE BLVD N.E.  
ST. PETE, FLORIDA 33703

Name and Title: DEVAN UPADHYAY, Secretary & Dir.

Address: 4419 BAYSHORE BLVD N.E.  
ST. PETE, FLORIDA 33703

Name and Title: JAMES RILEY, Director

Address: 820 6TH ST. NORTH, LOWR1  
ST. PETE, FLORIDA 33701

Name and Title: JAMES WEAVER, Director

Address: 1461 28TH AVENUE NORTH  
ST. PETE, FLORIDA 33704

Name and Title: NIKHIL JOSHI, Director

Address: 8237 SANTA ROSA COURT  
SARASOTA, FLORIDA 34243

FILED  
5 OCT 14 PM 12:09  
CLERK OF THE CIRCUIT COURT  
SARASOTA COUNTY, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Nikhil Joshi, Esq.

Address: 2055 Wood Street, Suite 208

Sarasota, Fl. 34237

**ARTICLE VII INCORPORATOR**

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

Name: Hiten Upadhyay

Address: 4419 Bayshore Blvd N.E.

St. Pete, Florida 33703

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and 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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

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15 OCT 14 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA