

N17000001001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

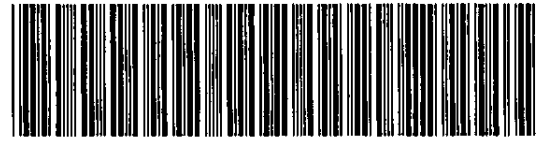
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/17/17--01038--025 \*\*78.75

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17 JAN 31 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-0 4497

02/01/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2017

ASIYA KOREPANOVA  
2405 N.E. 10TH ST.  
HALLANDALE BCH., FL 33009

SUBJECT: MUSICAL MINDS, INC.  
Ref. Number: W17000004497

We have received your document for MUSICAL MINDS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000204829.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 117A00001191

**COVER LETTER**

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

Musical Minds, Inc.

**SUBJECT:** \_\_\_\_\_  
**(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: Asiya Korepanova  
Name (Printed or typed)

2405 NE 10th Street  
Address

Hallandale Beach, Florida, 33009  
City, State & Zip

786-201-9162  
Daytime Telephone number

akorepanova@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)**

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: *Music for Minds, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

*2405 NE 10th Street, Hallandale Beach,  
Florida, 33009*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Music for Minds has been established as a non-profit organization to encourage demand for and understanding of classical music through performance, workshops and masterclasses:*

- *by performing and encouraging professional musicians to perform for general public,*
- *by providing training opportunities for music students,*
- *by providing educational materials and sharing information (videos, blogs, live lectures) with the general public,*
- *by sharing musical knowledge and promoting greater appreciation of classical music to general public*

*as allowed under § 501 (c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended.*

**ARTICLE IV MANNER OF ELECTION**

*The board of directors will consist of its President and directors.*

*Approval of and Changes to the bylaws AND/OR the organizational structure AND/OR Budget must have supporting votes of the majority of the board, including the support of the President.*

*Directors can be added or removed with a vote of support by the majority of the board, including the support of the President.*

*The President can only be replaced by a vote nominating a new President with the support of 3/4 of the directors AND if current President wants to resign and announces his/her will in a written form.*

*The President can be temporarily replaced by one of the directors when the President is unable to serve AND the temporary President is elected with the support of 3/4 of the directors.*

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

Name and title: Dr. Asiya Korepanova, President  
Address: 2405 NE 10<sup>th</sup> Street, Hallandale Beach, Florida, 33009

Name and title: Dr. Matthew E. Taylor, Director  
Address: 2405 NE 10<sup>th</sup> Street, Hallandale Beach, Florida, 33009

Name and title: Abram Kreeger, Director  
Address: 1400NW 108<sup>th</sup> Ave. Plantation, Florida, 33322 apt. 269

Name and title: Gita Ladd, Director  
Address: 206 Granada Rd., Pasadena, Maryland, 21122

Name and title: Dmitry Koshkin, Director  
Address: 930 Norwest Drive, Norwood, Massachusetts , 02062

#### **ARTICLE VI REGISTERED AGENT**

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

Name and title: Dr. Asiya Korepanova, President  
Address: 2405 NE 10<sup>th</sup> Street, Hallandale Beach, Florida, 33009

#### **ARTICLE VII INCORPORATOR**

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

Name and title: Dr. Asiya Korepanova, President  
Address: 2405 NE 10<sup>th</sup> Street, Hallandale Beach, Florida, 33009

#### **ARTICLE VIII EFFECTIVE DATE:**

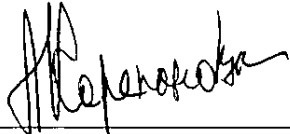
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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.

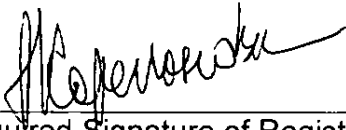
***Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity***



Required Signature of Registered Agent

January 27, 2017  
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 Registered Agent

January 27, 2017  
Date

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TALLAHASSEE, FLORIDA