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,_ (Requesto	or's Name)
(Address)	,
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

Carol Moder brought tows Ard said
fly work to use the merger many
to file this new Corp. Hay do
Not want the Reject Letter Image
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Office Use Only

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C. GOLDEN MAR - 2 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Pine View Orces	tra Inc.		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			Foreign Corp. File L.C. File Figuriage Name File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
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			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
8			Vehicle Search
			Driving Record
Requested by: SETH	I		UCC 1 or 3 File
Name		Time	UCC II Search
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Walk-In	Will Pick Up		Courier

COVER LETTER

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

	(FROFOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
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				. v.	 . :
Enclosed is an original	and one (1) copy of t	ne Articles of Incor	poration and a	check for :	¥.
			**************************************		Y
570.00 Filing Fce	\$78:75 Filing Fee &	\$78.75 Filing F	lee S	3\$87.50 Filing Fee	
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	Bradent	on Fl 3	31205	,	

NOTE: Please provide the original and one copy of the articles



FILED

2017 MAR - L AM II: 46

SACCIONA OF THE COM

February 28, 2017

CAPITAL CONNECTION, INC.

SUBJECT: PINE VIEW ORCHESTRA, INC.

Ref. Number: W17000016955

We have received your document for PINE VIEW ORCHESTRA, 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 117A00003803

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

in compliance with Chapter 61	
ARTICLE I NAME The name of the corporation shall be:	ORCHESTORA, INC.
ARTICLE II PRINCIPAL OFFICE	2017 MER - 1 - 10111: 46
Principal street address: 1 PYTHON PATH	Mailing address, if different is: SEGRED TALLAMASS TO SEGRED
OSPREY, FL 34229	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: PIHE VIEW ONCHESTIRA VSV HO	
EUGHTS.	DEO(RD PORO 1014131 110
ARTICLE IV MANNER OF ELECTION The manner in which the	e directors are elected and appointed: PURSURKT
TO BY-LAWS	**************************************
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: CEORGE KONDOS P Name and	Title: CHOISTOPHER HIHIC, I) CH
Address LPYTUOH PIATH Address:	1 PYTHOU PAZH
OSPREY, FL 34229	osphey FL 34229
Name and Title: HEIDI BODOR, VP/SEC Dlame and	·
Address L MTHOH PATH Address:	1 PYTHOY DIGTH
OSOREY, FL 34229	OSAREY, KL 34229
Name and Title: STAKLEY R. SWARTZ D Name and	
Address 114 3 RD AUG W # 350 Address:	
ushanenton, Fl 34205	

Name and Title:		Name and Title:		
Address _		Address:		
-				
Name and Title:		Name and Title:		
Address _		Address:		
-		. <u>-</u>		
-				
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acce	ptable) of the registered a	agent is:	
Name:	STAHLEY R SWATE	72		
Address:	11113 BD AUGW, #			2017 550 550
	BRADENTON, FL. 34	205		12.20
	INCORPORATOR Idress of the Incorporator is:			Finerus França F
Name:	STAHLLY R. SWAVE	12		manua hear
Address:	114 3RD AUCW, #3	350		
	BRADEHTON, IFL 3	<u> </u>		
	EFFECTIVE DATE:			
Effective date, if (If an effective of	other than the date of filing:late is listed, the date must be specific ar	d cannot be more than	OPTIONAL) i five days prior or 90	days after the filing.)
	e inserted in this block does not meet the aptive date on the Department of State's reco		requirements, this date	will not be listed as the
	med as registered agent to accept service familiar with and accept the appointment o			
51_	Required Signature of Registered		3	11/2017
	Required Signature of Registered	Agent		Date
	ument and affirm that the facts stated her at of State constitutes a third degree felony			tion submitted in a document
St -	-RS-e		3	11/2017
	Required Signature of Incor	porator		Date

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