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(Re	questor's Name)	
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COVER LETTER

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

SUBJECT: Young Artis	ts Symphony Orchestra, Inc.			
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed is an original a	and one (1) copy of the Art	icles 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 CO	PY REQUIRED	
FROM:	Amanda Klatt	ne (Printed or typed)	-	
	236 Blue Moon Ave	Address	-	
	Lake Placid, FL 33852		_	
	1	City, State & Zip		

425-367-2668

yasorchestra@gmail.com

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

ARTICLES OF INCORPORATION

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

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The purpose for which the corporation is organized is: for furthering the abilities of young musicians in our local community and enabling them to use their God-given talents to the glory of God. We believe that musical instruction is beneficial to the overall educational growth and development of students of all ages. YASO will provide a music program for students that is educational, enjoyable, and rewarding by introducing students to music of sacred, secular, and classical genres. INTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected at annual mee INTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Amanda Klatt, President Name and Title: 236 Blue Moon Ave Lake Placid, FL 33852 Name and Title: Sebring, FL 33876 Name and Title: Daniel Klatt, Treasurer Name and Title: 1424 Duane Palmer Blvd Address: 236 Blue Moon Ave Lake Placid, FL 33852 Name and Title: Lake Placid, FL 33852	236	· 	PO	-			
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Name and Title:		Name and Title:	
Address		Address:	<u></u>
Name and Title:		Name and Title:	
Address		Address:	
	<i>REGISTERED AGENT</i> prida street address (P.O. Box NOT acce	ntable) of the registered agent is:	
Name:	Amanda Klatt	painter of the registered agent is.	170
Address:	236 Blue Moon Ave		
	Lake Placid, FL 33852		72
	INCORPORATOR dress of the Incorporator is:		17 OCT 12 PM 3: 22
Name:	Amanda Klatt		
Address:	236 Blue Moon Ave		
	Lake Placid, FL 33852	_ 	
Effective date, if o	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific an	(OPTIONAL) ad cannot be more than five days prior or 9	0 days after the filing.)
	inserted in this block does not meet the apive date on the Department of State's reco	opplicable statutory filing requirements, this dated as	te will not be listed as the
certificate, I am fo	miliar with and accept the appointment o	of process for the above stated corporation on as registered agent and agree to act in this cap	acity
_ (lm	anda Klatt Required Signature of Registered	10	19/17 Date
I submit this docu		ein are true. I am aware that any false inform	
_ am	nda Klatt Required Signature of Incom	rporator /a	0/9/17 Date