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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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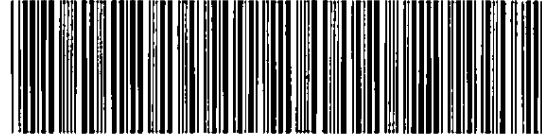
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATION
19 JUL 30 AM 6:23
TALLAHASSEE, FLORIDA

< PAGE

AUG 12 2019

COVER LETTER

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

SUBJECT: MUSIC HEALS: The David J. Keyes Memorial Foundation 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: Shannon Stahlin - Direct Incorporation

Name (Printed or typed)

315 W Huron Ste 240

Address

Ann Arbor, MI 48103

City, State & Zip

877-281-6496

Daytime Telephone number

documents@directincorporation.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 HEALS: The David J. Keyes Memorial Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5651 Country Lakes Dr.

Sarasota, FL 34243

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Foundation to support music education

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Set out in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn Keyes, Director

Address: 5651 Country Lakes Dr.

Sarasota, FL 34243

Name and Title: _____

Address: _____

Name and Title: Nancie Shellenbaum, Director

Address: 5651 Country Lakes Dr.

Sarasota, FL 34243

Name and Title: _____

Address: _____

Name and Title: Mary McFarlane, Director

Address: 7118 Southgate Ct.

Sarasota, FL 34243

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
19 JUL 30 AM 6:23
TALLAHASSEE, 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: Marilyn Keyes
Address: 5651 Country Lakes Dr.
Sarasota, FL 34243

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 JUL 30 AM 6:23
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marilyn Keyes
Address: 5651 Country Lakes Dr.
Sarasota, FL 34243

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

Marilyn S. Keyes
Required Signature of Registered Agent

7-18-19
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.

Marilyn S. Keyes
Required Signature of Incorporator

7-18-19
Date