## N19000012963

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## **COVER LETTER**

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

Tallahassee, FL 32314			
subject: <u>The</u>	BUSINESS of AM	CTS ACADEMY IN ORATE NAME - MUST INC	teenational
EMAIL.	baaiusag outle	ook, com	
Enclosed is an original:	and one (1) copy of the Ar	ticles of Incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Theresa A.	Shotwell me (Printed or typed)	-
	2110 PINK F	ZAMINGOLANE Address	-
	TALLA HASS	SEE FL 3230 City, 8tate & Zip	08
	850-878-87 Days	83 - CEU 850 ime Telephone number	321 1991
	taj. Shotwe E-mail address: (to be used for	11 @ 9 mary . Co	2 <i>m</i> n)

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

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

The name of the co	PROPORTION Shall be: THE BUSINESS OF ARTS ACADEMY INTERNATIONAL
ARTICLE II P.	PRINCIPAL OFFICE
312	Principal <u>street</u> address: Mailing address, if different is:
TLH	t, FL. 32308
ARTICLE III I	PURPOSE  Thich the corporation is organized is: NON PROFIT BOARDING AND DAY  1 7-15th GRADS - (BUSINESS and PERFORMING ARTS)
MISSION:	is to offer a safe, comprehensive and rigorous and program that emphasizes performing ails and
retaled	business interest in a climate that promotes
	rity, individuality, and success.
ARTICLEIV M	MANNER OF ELECTION The manner in which the directors are elected and appointed: Volunteees 4 by PRESIDENT
	Theresa A. Shotwell, PRESIDENT
Address	2110 PINE FLAMINGO LARGESS:
-/-	<u> </u>
Name and The Address	Jenifer Pec Koo, ViceRRESIGNAT SS 23 F 996 Capitola Road Address:
	7. H, Fl 32317
Name and Title:	JANET GIBSON, Sectary of Transversueer
Address 3.	JANET GIBSON, Sectary of Transverse  336 Beauty Berry Court (Beautyberry) Court  14, FL 32308

Name and Title:	Name and Title:			
Address	Address:			
Name and Title:	Name and Title:			
Address	Address:			
	<del>4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </del>			
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT accept				
Name: Theresa A. Shoti		经验	201	
Address: 2110 Pink Flan	<del></del>		2019 DEC	77
TLH. FL 32308	<del>/</del>	E GRE WEET SE LLAHASSET	C 23	
			P	m
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:			ယ္	
Name: Theresa A. Shot	well	3.	28	
Address: 2/10 PINK Flam	INGO LANE			
TLH FL 3530	8			
ARTICLE VIII EFFECTIVE DATE:	<del></del>			
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific an	. (OPTIONAL)	A days c	ifter tl	he filing )
<u>Note:</u> If the date inserted in this block does not meet the ap- document's effective date on the Department of State's reco		je wiii ne	ot be i	isted as the
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment as			uce de.	signated in this
Theresa (1 Shotwell)	10	2/2	3/3	20
Required Signature of Registered	Agent	Da	ık.	<u> </u>
I submit this document and affirm that the facts stated herei		on subn	ritted i	n a document to
the Department of State constitutes a third degree felony as	provided for in 8.817.133, F.S.	/	. /.	6 2/
Sheesa U Sholwell  Required Signature of Incor	porator	·/23 D	<del>2</del> / 2 1	a fas
	- /	/	/	7 ~