## 120000001814

(Requestor's Name)	_		
(Address)			
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)	_		
Certified Copies Certificates of Status	<del></del>		
Special Instructions to Filing Officer:			

MAUUUWAL36

**EEB** 2 0 2020

T. SCOTT



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12/16/19--01037--006 \*\*87.50





January 13, 2020

AUDREY FRANCISQUINI 1200 N.E. 154 STREET NORT MIAMI BEACH, FL 33162

SUBJECT: MOOD FOUNDATION Ref. Number: W20000002636

We have received your document for MOOD FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Letter Number: 020A00000845

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

## **COVER LETTER**

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

SUBJECT: MOOD, W	NC.	ORATE NAME - <u>MUST INC</u>	LUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Art	ticles 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.
		ADDITIONAL CO	PY REQUIRED
FROM:	Audrey Nicole Francisquini	nne (Printed or typed)	_
	1200 N.E. 154 Street	Address	_
	North Miami Beach, FL 33 (305) 399-0099	City, State & Zip	_

audreynicole1092@hotmail.com

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

Daytime Telephone number

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

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

The name of the	NAME he corporation shall be: MOOD, INC				
ARTICLE II					
1200	Principal <u>street</u> address: D.N.E 154 Street		Mailing address, if different is:		
Nort	h Miami Beach, FL 33162				
	PURPOSE  for which the corporation is organized is:  fough subjects such as: music, art, dance, is		a safe environment where they are able to	express th	heir
I will be focus	sing on deprived areas that lack the resor	urces that are needed	to provide children a positive outlet for the	em to exp	oress
their talent. W	/ill implement programs to improve chil-	dren's motor skills in	the subjects that are listed above.		
	,	· · · · · · · · · · · · · · · · · · ·			
	•				
	· · · · · · · · · · · · · · · · · · ·				-
ARTICLE IV	MANNER OF ELECTION The m  INITIAL OFFICERS AND/OR DIRE		ectors are elected and appointed: Appointed:	:d	
Name and Title	e: Audrey N. Francisquini (C.E.O)	Name and Title	Norma L. Francisquini (Treasurer)		
Address	1200 N.E. 154 Street	Address:	1200 N.E. 154 Street		
	North Miami Beach, FL 33162	_	North Miami Beach, FL 33162		
Name and Title	e. Juliet Gonzalez (Secretary)	——————————————————————————————————————	:		
Address	17541 N.W. 37 Court	Address:	34.4	20	
, roar c.i.	Miami Gardens, FL 33055			2020 FEB 1	
Name and Title	e:	Name and Title	A Part of the Control	8	Ţ'n
Address		Address:		36	<u>}</u>
				~	

Name and Title:_		Name and Title:
Address		_ Address:
_	·	
_		
Name and Title:_		Name and Title:
Address		Address:
_		
_		
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acce	entable) of the registered agent is:
Name:	URS AGENTS, LLC	
Address:	3458 Lakeshore Drive	<del></del>
Address.	Tallahassee, FL 32312	<del></del>
	INCORPORATOR  Idress of the Incorporator is:	
Name:	Audrey N. Francisquini	
Address:	1200 N.E. 154 Street	
	North Miami Beach, FL 33162	
ARTICLE VIII_	EFFECTIVE DATE:	
Effective date, if (If an effective d	other than the date of filing:ate is listed, the date must be specific a	
	inserted in this block does not meet the a tive date on the Department of State's rea	applicable statutory filing requirements, this date will not be listed as the cords.
		e of process for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
By: K-u	As Christon	Ellipso, HEST Secretary 12/12/2019  Date  Date
U		
	iment and affirm that the facts stated here of State constitutes a third degree felony as	ein are truc. I am aware that any false information submitted in a docume s provided for in s.817.155, F.S.
<u> </u>	Required Signature of Inco	12/12/2019 Date