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## COVER LETTER

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

**SUBJECT:** MusicScores Violin, 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:** Judith Evans  
\_\_\_\_\_  
Name (Printed or typed)

191 Oakwood Court  
\_\_\_\_\_  
Address

Naples, Florida 34110  
\_\_\_\_\_  
City, State & Zip

239-566-9344  
\_\_\_\_\_  
Daytime Telephone number

jpeotch@centurylink.net  
\_\_\_\_\_  
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: MusicScores Violin, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
191 Oakwood Court

Naples, Florida 34110

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To cost-effectively increase learning potential that enhances literacy and focus, concentration, left-right brain development,  
and self-regulation as well as motor and social skills for pre-school children.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Judith Evans, President

Address: 191 Oakwood Court  
Naples, FL 34110

Name and Title: Ronald Zagel, Treasurer

Address: 5813 Glen Cove #1106  
Naples, FL 34108

Name and Title: Claudia Polzin, Development

Address: 1264 Oxford LN  
Naples, FL 34105

Name and Title: Debra French Pope, Secretary

Address: 151 Bedzel Circle #3414  
Naples, FL 34104

Name and Title: Kathryn Zagel, Vice President

Address: 5813 Glen Cove #1106  
Naples, FL 34108

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Margorie Jean Rawson  
Address: 5001 Kensington High Street  
Naples, FL 34105

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Judith Evans  
Address: 191 Oakwood Court  
Naples, FL 34110

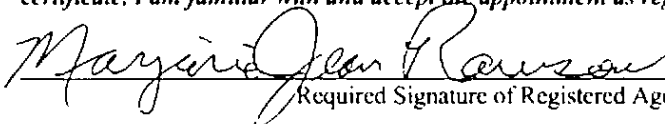
**ARTICLE VIII EFFECTIVE DATE:**

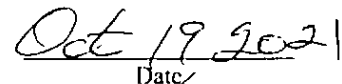
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

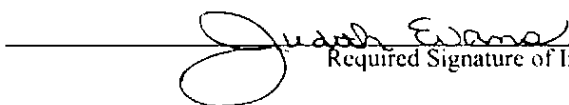
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

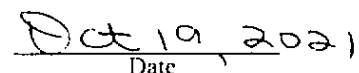
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

  
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.*

  
Required Signature of Incorporator

  
Date