

N 23 000 000 184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

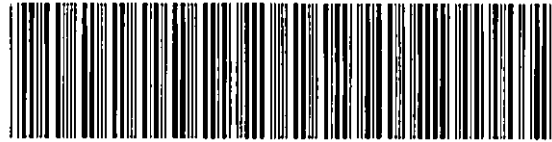
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certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CLERK OF SUPERIOR COURT

2

2:43

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MELODY MONEY WORKSHOP INC

- ☒ Art of Inc. File\_\_\_\_\_
- \_\_\_\_ LTD Partnership File\_\_\_\_\_
- \_\_\_\_ Foreign Corp. File\_\_\_\_\_
- \_\_\_\_ L.C. File\_\_\_\_\_
- \_\_\_\_ Fictitious Name File\_\_\_\_\_
- \_\_\_\_ Trade/Service Mark\_\_\_\_\_
- \_\_\_\_ Merger File\_\_\_\_\_
- \_\_\_\_ Art. of Amend. File\_\_\_\_\_
- \_\_\_\_ RA Resignation\_\_\_\_\_
- \_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_
- \_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_
- \_\_\_\_ Cert. Copy\_\_\_\_\_
- ☒ Photo Copy\_\_\_\_\_
- \_\_\_\_ Certificate of Good Standing\_\_\_\_\_
- ☒ Certificate of Status\_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_
- \_\_\_\_ Corp Record Search\_\_\_\_\_
- \_\_\_\_ Officer Search\_\_\_\_\_
- \_\_\_\_ Fictitious Search\_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search\_\_\_\_\_
- \_\_\_\_ Vehicle Search\_\_\_\_\_
- \_\_\_\_ Driving Record\_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File\_\_\_\_\_
- \_\_\_\_ UCC 11 Search\_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval\_\_\_\_\_
- \_\_\_\_ Courier\_\_\_\_\_

Signature \_\_\_\_\_

Requested by:BA

1/06/22

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** MELODY MONEY WORKSHOP 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:** albert  
\_\_\_\_\_  
Name (Printed or typed)

1800 w 68 st suite 118  
\_\_\_\_\_  
Address

hialeah fl 33014  
\_\_\_\_\_  
City, State & Zip

305-823-9228  
\_\_\_\_\_  
Daytime Telephone number

MUSICWITHDEBIE@GMAIL.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: MELODY MONEY WORKSHOP INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

1800 WEST 68 ST SUITE 118

HIALEAH FL 33014

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BRING MUSIC TO UNDER SERVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTED

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: \_\_\_\_\_ Name and Title: DEBORAH BENNER DAVIS PRESIE

Address: \_\_\_\_\_ Address: 1800 W 68 ST SUITE 118

HIALEAH FL 33014

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

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

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

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

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: DEBORAH BENNER DAVIS

Address: 1800 W 68 ST SUITE 118

HIALEAH FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DEBORAH BENNER DAVIS

Address: 1800 W 68 ST SUITE 118

HIALEAH FL 33014

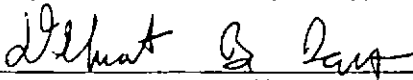
**ARTICLE VIII EFFECTIVE DATE:** 01/01/2023

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*

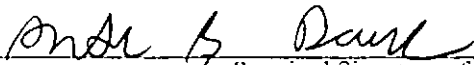


Required Signature of Registered Agent

01/01/2023

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 §817.155, F.S.*



Required Signature of Incorporator

01/01/2023

Date