

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002652773i))



H230002552773AB01

Note: DO NOT bit the REFRESH REFOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Corporations Fax Number : (850)617-638	2.1	
	Fax Numbe: . (850)817-858		
From:			
	Account Name : A2Z FILINGS		
	Account Number : 12018000065		
	Phone : (561)212-119		
	Fax Number : (366)212-617	· 4	
	the email address for this busin		
ann	nual report mailings. Enter only		ease.**
E e -	info@a2zfi	llings.com	
Enia	111 Address	· · · · · · · · · · · · · · · · · · ·	
() 	FLORIDA PROFIT/NON PRO	UFTI CORPURAT	HDIN in
ar Ur			· ·
978 5:	Music 4 Kid	lz Inc	
	221000 1000 1000 1000 1000 1000 1000 10	lz Inc	
	Certificate of Status	lz Inc	
	221000 1000 1000 1000 1000 1000 1000 10	lz Inc	
	Certificate of Status	lz Inc	
	Certificate of Status Certified Copy	lz Inc 0 0	
	Certificate of Status Certified Copy Page Count	1z Inc 0 0 0	
	Certificate of Status Certified Copy Page Count	1z Inc 0 0 0	
	Certificate of Status Certified Copy Page Count	1z Inc 0 0 0	

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

H23000265277 3

COVER LETTER

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

SUBJECT:

Music 4 Kidz Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for a

■ \$70.00 Filing Fee S78.75 Filing Fee & Certificate of Status ■\$78.75 Filing Fee & Certified Copy

State State

ADDITIONAL COPY REQUIRED

FROM.

Name (Printed or typed)

W. Scott Simpson

3458 Lakeshore Drive

Address

Tallahassee, FL 32312

City, State & Zip

954-934-6804

Daytime Telephone number

info@music4kidz.org

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

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

2023-07-31 17 44:47 GMT

18662126174

ARTICLES OF INCORPORATION

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

H23000265277 3

ARTICLE I NAME The name of the corporation shall be

Music 4 Kidz Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

3458 Lakeshore Drive

Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is ______ This corporation is organized exclusively for charitable educational purposes within the meaning of the Internal Revenue Code, section 501(c)(3), namely: to ensure that every child has access to the benefits of music education, regardless of their financial situation. It will cover up to 100% of the costs for musical instruments and lessons for disadvantaged young people. It will take any other actions seen as beneficial for music education performance or appreciation. In the event of its dissolution the directors of this corporation will distribute all remaining assets to other corporations recognized under IRC sec 501(c)(3) with similar goals.

As provided for ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed in the by Laws.

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

Name and Title	W. Scott Simpson Dir Pres	Name and Tule	
Address	3458 Lakeshore Drive	Address	
	Tallahassee, FL 32312		
Name and Title	Authnel Mcphie Dir VP	Name and Title	
Address	3575 NE 207th St	Add:ess	
	Aventura FL 33180		
	James Carrington Dir		
Name and Tale	James Carrington Dir	Name and Title	
Address	P.O. Box 790	Address	
	Bentonville, AR 72712		

H23000265277

Name and Title:	Name and Title
Address	Address:
······································	
Name to Title	Name and Title
Address	Address:

ARTICLE VI REGISTERED AGENT

The mame and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:URS Agents, LLCAddress:3458 Lakeshore DriveTallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	W. Scott Simpson	
Address	9561 Aegean Drive	
	Boca Raton, FL 33496	

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

CKan.	A	Kristen Ellison,	07/26/2023
	Required Signature of Registered Agen	Asst. Secretary	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 5,817,155, F.S.

WSrole

Required Signature of Incorporator

07/26/2023 Date

H23000265277 3