N23000011516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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COVER LETTER

partment of State
vision of Corporations
O. Box 6327
Tallahassee, FL 32314

BJECT: Ray's Music Academy, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

closed 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: Glenda Ray
Name (Printed or typed)

515 Poston Road
Address

Quincy, FL 32352
City, State & Zip

(850) 743-7782
Daytime Telephone number

glendaray51@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)

ICLE I NAME
name of the corporation shall be: Ray's Music Academy, Inc.

TICLE II PRINCIPAL OFFICE

Principal **street** address: 209 West Washington St
Quincy, FL 32351

Mailing address, if different is: SAME

TICLE III PURPOSE
e purpose for which the corporation is organized is: Providing musical Education In general

TICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
APPOINTED

ICLE V INITIAL OFFICERS AND/OR DIRECTORS

ne and Title: Glenda Ray, CEO
dress 515 Poston Road
Quincy, FL 32352

Name and Title:
Address

ne and Title:
dress

Name and Title
Address.

ne and Title:
ress

Name and Title:
Address

2002 ... 12 ... 1:37

me and Title: _____ Name and Title: _____

ress _____ Address _____

_____ _____

_____ _____

me and Title: _____ Name and Title: _____

ress _____ Address _____

_____ _____

_____ _____

TICLE VI REGISTERED AGENT

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

me: Glenda Ray

dress: 515 Poston Road

Quincy, FL 32352

TICLE VII INCORPORATOR

name and address of the Incorporator is

me: Glenda Ray

dress: 515 Poston Road

Quincy, FL 32352

TICLE VIII EFFECTIVE DATE:

ective date, if other than the date of filing: _____. (OPTIONAL)

n effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

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

Glenda Ray

Required Signature of Registered Agent

9-25-2023

Date

bmit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Glenda Ray

Required Signature of Incorporator

9-25-2023

Date

2023 SEP 27 PM 1:31