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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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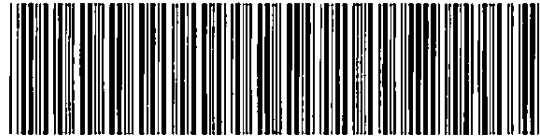
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
OF FLORIDA  
CLERK OF THE COURT

2024 APR 15 AM 11:48

FILED

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

**ARTICLE I NAME**

The name of the corporation shall be: MY ART BEATS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3862 Falcon Ridge Circle, Weston, FL. 33331

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For children with autism who have difficulty processing spoken language.

Music can be a way to bridge that gap and help them communicate better. This organization aims to teach special needs students  
music and vocal. This organization will also raise funds through charity and by selling art and craft items. These services will be  
provided by volunteering middle and high school students. The funds raised will be used to purchase instruments and facilities to  
aid special needs students.

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

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

Name and Title: Nikash Chandra CEO Name and Title: \_\_\_\_\_

Address 3862 Falcon Ridge Circle, Weston, FL, Address: \_\_\_\_\_  
33331

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: Atiksh Chandra

Address: 3862 Falcon Ridge Circle, Weston, FL, 33331

**ARTICLE VII INCORPORATOR**

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

Name: Atiksh Chandra

Address: 3862 Falcon Ridge Circle, Weston, FL, 33331

**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.*

Atiksh Chandra

Required Signature of Registered Agent

*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.*

Atiksh Chandra

Required Signature of Incorporator

4/5/2024

Date

4/5/2024

Date

2024 APR 5 AM 11:49  
FILED  
STATE OF FLORIDA  
CLERK OF THE COURT

## COVER LETTER

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

**SUBJECT:** MY ART BEATS 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: Atiksh Chandra  
\_\_\_\_\_  
Name (Printed or typed)  
  
3862 Falcon Ridge Circle  
\_\_\_\_\_  
Address  
  
Weston, FL, 33331  
\_\_\_\_\_  
City, State & Zip  
  
9547438680  
\_\_\_\_\_  
Daytime Telephone number  
  
atikshchandra@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

FILED  
2024 APR 15 AM 11:49  
DEPT. OF STATE  
TALLAHASSEE, FL

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

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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33331  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Atiksh Chandra CEO

Address: 3862 Falcon Ridge Circle, Weston, FL,  
33331  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

SECRETARY OF STATE  
ALLIANCE STATE, FL

2024 APR 15 AM 11:49

FILED

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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FILED

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\_\_\_\_\_  
Required Signature of Registered Agent

4/5/2024

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Required Signature of Incorporator

4/5/2024

\_\_\_\_\_  
Date