

N9500000463

TRANSMITTAL LETTER

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

SUBJECT: Bay Area Musician's Organization, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

MARGARET McLINNEY  
Name (Printed or typed)

15412 BLUE SPRINGS RD  
Address

YOUNGSTOWN, FLORIDA 32466  
City, State & Zip

904-722-4915  
Daytime Telephone number

FILED  
95 JAN 26 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. BROWN JAN 31 1995

## ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

### ARTICLE I

#### Name

The name of the corporation shall be: The Bay Area Musician's Organization, Inc.

### ARTICLE II

#### Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

The Bay Area Musician's Organization, Inc.  
P.O. BOX 2223  
Panama City, Florida 32402

### ARTICLE III

#### Purpose(s)

The purpose of the Bay Area Musician's Organization, Inc., is to support the growth and development of individuals involved in music performance, teaching and composition; and to promote education in the cultural and commercial development of music in the Bay County area.

### ARTICLE IV

#### Manner of election of directors

#### Section 1. Positions

The Board of Directors of the corporation shall include the President, Vice President, Secretary, and Treasurer and three Members at Large.

#### Section 2. Election and Term

Annual elections will be held in December with terms beginning on January 1st. The term of office will be one year. Elections will held as stated in the Bylaws.

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TALLAHASSEE, FLORIDA

**ARTICLE V**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

**ARTICLE VI  
Registered Agent**

The registered agent and street address are:

Matt Law  
1706 Calhoun St.  
Panama City, FL 32402

**ARTICLE VII.  
Incorporators**

The names and street addresses of the incorporators for these articles of incorporation are:


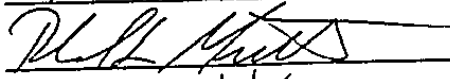
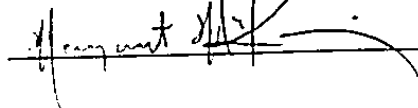
Matt Law  
1706 Calhoun St.  
Panama City, Florida 32402

Ronald L. Merritt  
8200 Beach Drive  
Panama City Beach, Florida 32408

Margaret McKinney  
15412 Blue Springs Road  
Youngstown, Florida 32466

The undersigned incorporators have executed these Articles of Incorporation this 20th day of January, 1995.

Signatures of Incorporators:

Matt Law

Ronald L. Merritt

Margaret McKinney

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.

1. The name of the corporation is: HOBOY AREA MUSICIAN'S ORGANIZATION, INC.  
(must include suffix)

2. The name and address of the registered agent and office is:

MATTHEW  
(Name)

1706 CALHOUN ST.  
(Street address - P. O. Box not acceptable)

PANAMA CITY, Florida 32402  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this certificate, I hereby accept the  
appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relating to the proper and complete perfor-  
mance of my duties, and I am familiar with and accept the obligations of my position  
as registered agent.*

  
(Signature)

1/20/95  
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000463**

1 Corporation Name  
**THE BAY AREA MUSICIAN'S ORGANIZATION, INC.**

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96 NOV 25 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 2223  
PANAMA CITY FL 32402

Mailing Address  
P.O. BOX 2223  
PANAMA CITY FL 32402

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, if Applicable		3 New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4 Date Incorporated or Qualified To Do Business in Florida	01/26/1995
5 FEI Number	59-3273405
6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	David Goldflies	505 Dolphin Dr.	Panama City Bch. FL 32413
S/D	Melissa Baxter	429 1/2 Massalina Dr.	Panama City, FL 32401
T/D	Margaret McKinney	15412 Blue Springs Rd.	Youngstown, FL 32466
D	Jay Young	4318 Pinetree Lane	Lynn Haven, FL 32444
D	Ron Robinson	1924 Quail Run	Lynn Haven, FL 32444
D	James Estrada	6231 G. Hwy 98 Apt B	Parker, FL 32404

8. Name and Address of Current Registered Agent  
**LAW, MATT**  
1708 CALHOUN STREET  
PANAMA CITY FL 32402

9. Name and Address of New Registered Agent  
Name: **Margaret McKinney**  
Street Address (P.O. Box Number is Not Acceptable): **15412 Blue Springs Rd.**  
Suite, Apt. #, Etc.:  
City: **Youngstown** State: **FL** Zip Code: **32466**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: *[Signature]* Date: **11/20/96**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒  
300002016989-3  
-12/02/96  
\*\*\*236.25

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARGARET MCKINNEY T/D**

11/20/96 904.722.4915  
Date Daytime Phone #