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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| | | |
| | Office Use On | lv |



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Effective Date /-/-07

DOG NOV -9 PH 1: 2:

COVER LETTER

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

| SUBJECT: | he Mozart Aca | demy, Inc. | | |
|--------------------------|--|-------------------------------------|--------------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| | | | | |
| | | | | |
| Enclosed are an orig | ginal and one (1) copy of the arti | icles of incorporation and | d a check for: | |
| | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | | |
| | | ADDITIONAL CO | & Certificate o Status PPY REQUIRED | |
| FROM: | STACH DAG KOM | | | |
| FROM: | STACY RAE KAST | (Printed or typed) | | |
| | 270 21st St. N | /W Address | | |
| | NAMES, FL 3412. | O State & Zin | | |
| | (239) 352-336 | 5 | | |
| Daytime Telephone number | | | | |

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

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|---|--|
| | , |
| ARTICLE I NAME The name of the corporation shall be: | |
| The name of the corporation shall be. | |
| The Mozart Academy, Inc. | |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | Effective Date /-/-07 |
| 270 21st St. NW | Effective Date / " / 6 / |
| Naples, F1 34120 | FILED 2006 NOV -9 PM 1: 25 SECRETARY OF STATE TALLAHASSEE.FLORID |
| ARTICLE III PURPOSE | LC N |
| The purpose for which the corporation is organized is: | HAT THE TOTAL THE TAXABLE TO THE TAXABLE TAXAB |
| private music lessons | SSI -9 |
| | Eg P M |
| ADTICLE III CHADEC | PH 1: 25 Y OF STATE SEE. FLORID |
| ARTICLE IV SHARES The number of shares of stock is: | : 2 DRII |
| 100 | DA 30 |
| | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR | |
| List name(s), address(es) and specific title(s): | molents and woners |
| Stacy and Robert Kastner, Co-pres | Marios axa owners |
| 270 21st SE. NW | |
| Naples, FL 34120 | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of | of the registered agent is: |
| STACY R. KASTNER | |
| STACY R. KASTNER 270 315+52. NW | |
| NAPLES, FL 34120 | |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | ARTICLE VIII: Effective Date |
| STACY R. KASTNER | |
| 270 21st SE. NW | The effective date shall be January 1, 2007 |
| NAPLES, FL 34120 | Shall be January 1, 2007 |
| *********** | ********* |
| Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and | |
| Stann Karl | 11-6-1 |
| Signature/Registered Agent | 11-6-06 Date |
| Standard Registered Agent | /1-6-06_ |
| Story R. Kastner | 11-0-06 Data |
| Signature/Incorporator | Date |