

P09000081234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

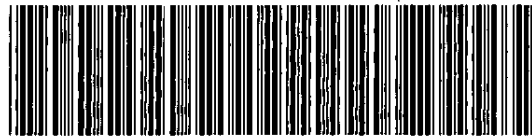
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500157228585

07/06/09--01024--011 **87.50

FILED
2009 SEP 29 P 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Muse, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of Status
ADDITIONAL COPY REQUIRED

FROM: Amy J. Moyer
Name (Printed or typed)

P.O. Box 2594 Jupiter, FL 33468
Address
OR if need physical address
6925 Adoniam Court Stuart, FL 34997
City, State & Zip

210-367-9180
Daytime Telephone number

amyjmoyer@live.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 29 P 3:02

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 SEP 29 PM 2:36

DIVISION OF CORPORATION

July 7, 2009

AMY J. MOYER
PO BOX 2594
JUPITER, FL 33468

SUBJECT: MUSE, INC.
Ref. Number: W09000031228

We have received your document for MUSE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 209A00023183

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:

Muse, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6925 Adrianna Court
Stuart, FL 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 shares of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Amy Moyer, Principal Officer / President
6925 Adrianna Court
Stuart, FL 34997

ARTICLE VI REGISTERED AGENT

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


Amy Moyer
6925 Adrianna Ct.
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amy Moyer
6925 Adrianna Court
Stuart, FL 34997

FILED
2009 SEP 29 P 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 9/25/09

 9/25/09


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



Signature/Registered Agent

9/25/09

Date



Signature/Incorporator

9/25/09

Date