## P100000/6821

(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



400256987274

02/21/14--01016--007 \*\*70.00

14 FEB 21 AH 11: 27

FINITE STURE TARY OF STAIL

## COVER LETTER

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

SUBJECT: Venetian Academy of Music, 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
		e (Printed or typed)	TI KEQUIKED
	11 Mayfair Drid		
	City 741-497-405 Daytime	·	
_1	E-mail address: (to be use	Lay Vet ed for future annual report	notification)

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

•	In compliance with Chapter 607 and	or Chapter 621, F.S. (Profit)	VYSIAISTATI	Con.
LE I N	<u>AME</u>		11 50 M OF C	ORFE
ne of the corp	In compliance with Chapter 607 and AME oration shall be: Venetian Acade  RINCIPAL OFFICE  Dispinal street address.	my of Music, J	SPASION OF C.	AL.
ÇLE II P.	RINCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:	4 <i>F</i> 7 //:
	, ,	waning age	aress, it different is.	
	Venice Avenue	· · · · · ·		
te C.	Venice, F1. 34285			<del></del>
CLE III PU	DRPOSE the the corporation is organized is:			·- <del>-</del>
	in the corporation is organized is.			
·				<del></del> . — -
				<del></del>
	HARES of stock is: \ロロ			
mber of shares	of stock is: \OO			
mber of shares  CLE V II  Name and T	of stock is: 100  NITIAL OFFICERS AND/OR DIRECTOR  Title: Chandell Lafore st/ President	Name and Title:		
mber of shares  CLE V II  Name and T	of stock is: 100  NITIAL OFFICERS AND/OR DIRECTOR  Title: Chandell Laforest/ President  11174 Campazzo Prive	Name and Title:		
mber of shares  CLE V II  Name and T	of stock is: 100  NITIAL OFFICERS AND/OR DIRECTOR  Title: Chandell Lafore st/ President	Name and Title:		
mber of shares  CLE V II  Name and T	of stock is: 100  NITIAL OFFICERS AND/OR DIRECTOR  Title: Chandell Laforest/ President  11174 Campazzo Prive	Name and Title:Address:		
mber of shares  CLE V II  Name and T  Address	of stock is: 105  NITIAL OFFICERS AND/OR DIRECTOR  itle: Chandell Laforest/President  11174 Campazzo Prive  Verice, Fl. 34292	Address:		
mber of shares  CLE V II  Name and T  Address	of stock is: 105  NITIAL OFFICERS AND/OR DIRECTOR  itle: Chandell Laforest/ Presidentitle: Chandell Laforest/ Presidentitle: 11174 Campazzo Prive  Verice, Fl. 34292	Address:  Name and Title:  Name and Title:		
Mber of shares  CLE V II  Name and T  Address  Name and Ti	of stock is: 100  NITIAL OFFICERS AND/OR DIRECTOR  Title: Chandell Laforest/ Presidential Chan	Address:  Name and Title:  Name and Title:		
Mber of shares  CLE V II  Name and T  Address  Name and Ti	of stock is: 105  NITIAL OFFICERS AND/OR DIRECTOR  itle: Chandell Laforest/ Presidentitle: Chandell Laforest/ Presidentitle: 11174 Campazzo Prive  Verice, Fl. 34292	Address:  Name and Title:  Name and Title:		
Mber of shares  CLE V II  Name and T  Address  Name and Ti	of stock is: 105  NITIAL OFFICERS AND/OR DIRECTOR  itle: Chandell Laforest/ Presidentitle: Chandell Laforest/ Presidentitle: 11174 Campazzo Prive  Verice, Fl. 34292	Name and Title:  Address:  Name and Title:  Address:		
mber of shares  CLE V II  Name and T  Address  Name and Ti  Address	of stock is: 100  NITIAL OFFICERS AND/OR DIRECTOR  Title: Chandell Laforest/President  11174 Campazzo Prive  Venice, Fl. 34292  Itle:	Name and Title:  Address:  Name and Title:  Address:		
mber of shares  CLE V II  Name and T  Address  Name and Ti  Address	of stock is: 100  NITIAL OFFICERS AND/OR DIRECTOR  Title: Chandell Laforest/Presidentitle: Chandell Laforest/Presidentitle: 11174 Campazzo Prive  Verice, Fl. 34292  title:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:		

Name and	d Title:	Name and Title:
Address		_ Address:
	•	
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Fred Beyer	_
Address:	411 May fair Dr	<del></del>
	Venico, Fl. 34293	
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	Fred Beyer	
Address:	411 Mayfair Dr	_
	Verice, F1. 34293	<u> </u>
Having been nan this certificate, I	ned as registered agent to accept service of proces. am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Fred B	Required Signature/Registered Agent	2-17-14
	Required Signature/Registered Agent	Date
I submit this doc document to the	rument and affirm that the facts stated herein are Department of State constitutes a third degree felor	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
7030	Required Signature/Incorporator	2-17-14 Date
	Required Signature/Incorporator	Date