1400038632

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(B	usiness Entity Name)			
(D	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				



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Office Use Only

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COVER LETTER

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

SUBJECT: Mozart Evaluation, Inc.				
		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i 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		
_		e (Printed or typed)		
<u>1(</u>)800 SW 51 Cou		<u> </u>	
D	avie, FL 33328	Address		
	City,	State & Zip		
95	54-719-0001			
	Daytime T	elephone number		
ro	ssi.edward@gm	ail.com		
	E-mail address: (to be use	d for future annual report	notification)	

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)

	ion shall be: Mozart Evaluation	
ARTICLE II PRI	NCIPAL OFFICE	Mailing address, if differentis:
10800 SW 5	Principal <u>street</u> address	5722 S. Flaming Road =
Davie, FL 33		Suite 207
Davie, 1 L 3	7020	
		<u> </u>
The purpose for which t	he corporation is organized is: Home	Inspections,
Insurance C	laim Evaluations,	
Renovation	& Repair Estimating,	
Public Adjus	ster,	
Roof Inspec	tor,	
HUD/FHA 2	03(k) Consultant/Evalu	ation
	ERES 100 FIAL OFFICERS AND/OR DIRECTOR Edward Rossi 5722 S. Flamingo Road Suite 207 Fort Lauderdale, FL 33330	S Name and Title: Address:
Name and Title		Name and Title:
Address		

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Edward Rossi	Tuo registered agent is.	7
Address:	10800 SW 51 Court	LAT	E T
	Davie, FL 33328	ASSE	1
ARTICLE VII	INCORPORATOR	E, FLOR	E D PH IZ: 47
The name and add	dress of the Incorporator is:		-1
Name:	Edward Rossi	-	
Address:	10800 SW 51 Court	-	
	Davie, FL 33328	-	
	ed as registered agent to accept service of process m-familiar with <u>and accept</u> the appointment as reg		
Required Signature/Registered Agent		Date	
	ment and affirm that the facts stated herein are department of State constitutes a third degree felon	true. I am aware that the false information su	bmitted in a
Calletton		04/23/2	2014
	Required Signature/Incorporator	Date	e