

SECRETARY OF THE STATE
30 TRINITY STREET
P.O. BOX 150470
HARTFORD, CT 06115-0470

NOVEMBER 5, 2013

PEGGY N. BARTHOLOMEW
11 PHEASANT HILL RD.
COLLINSVILLE, CT 06019

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of a filing for the following business:

HUCKLEBERRY HILL MUSIC SOCIETY INC.

Work Order Number: 2013322984-001
Business Filing Number: 0004976701
Type of Request: CERTIFICATE OF INCORPORATION
File Date/Time: NOV 05 2013 02:02 PM
Effective Date/Time:
Work Order Payment Received: 50.00
Payment Received: 50.00
Credit on Account: .00
Customer Id: 002336635
Business Id: 1123174

JAMES AUGERI
Commercial Recording Division
860-509-6003
WWW.CONCORD.SOTS.CT.GOV



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06116-0470
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
 PHONE: 860-509-6003 WEBSITE: [WWW.CONNCOVS.COM](http://www.conncors.com)

**CERTIFICATE OF INCORPORATION
 NONSTOCK CORPORATION**

FILING #0004976701 PG 01 OF 02 VOL B-01866
 FILED 11/05/2013 02:02 PM PAGE 02070
 SECRETARY OF THE STATE
 CONNECTICUT SECRETARY OF THE STATE

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Peggy N. Bartholomew ADDRESS: 11 Pheasant Hill Rd CITY: Collinsville STATE: CT ZIP: 06019-3042		FILING FEE: \$50 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF CORPORATION: Huckleberry Hill Music Society INC.		
THE CORPORATION IS NONPROFIT AND SHALL NOT HAVE OR ISSUE SHARES OF STOCK OR MAKE DISTRIBUTIONS.		
2. PLACE A CHECK NEXT TO THE APPROPRIATE STATEMENT: <input type="checkbox"/> A. THE CORPORATION SHALL NOT HAVE MEMBERS. <input type="checkbox"/> B. THE CORPORATION SHALL ONLY HAVE MEMBERS, WHICH ARE NOT ENTITLED TO VOTE. <input checked="" type="checkbox"/> C. THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS. <input type="checkbox"/> D. THE CORPORATION SHALL HAVE MULTIPLE CLASSES OF MEMBERS WHICH CLASSES ARE DESIGNATED AS FOLLOWS: PLEASE NOTE: THE MANNER OF ELECTION AND APPOINTMENT OF MEMBERS ALONG WITH THEIR QUALIFICATIONS AND RIGHTS MAY BE SET FORTH IN THIS CERTIFICATE OR IN THE CORPORATION'S BYLAWS. PLEASE SEE C.G.S. § 33-1056 & -1056.		
3. APPOINTMENT OF REGISTERED AGENT: (PLEASE SELECT ONLY ONE A. OR B.)		
A. INDIVIDUAL'S AGENT NAME: Peggy N. Bartholomew		
BUSINESS ADDRESS: (P.O. BOX UNACCEPTABLE) ADDRESS: NONE CITY: STATE: ZIP:	RESIDENCE ADDRESS: (P.O. BOX UNACCEPTABLE) ADDRESS: 11 Pheasant Hill Rd CITY: Collinsville STATE: CT ZIP: 06019-3042	
B. BUSINESS ENTITY AGENT NAME: ADDRESS: (P.O. BOX UNACCEPTABLE) ADDRESS: CITY: STATE: ZIP:		

ACCEPTANCE OF APPOINTMENT

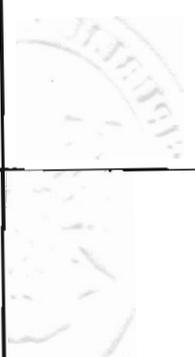
Peggy N. Bartholomew
 SIGNATURE OF AGENT

4. THE NATURE OF THE ACTIVITIES TO BE CONDUCTED OR THE PURPOSES TO BE PROMOTED BY THE CORPORATION: The Huckleberry Hill Music Society is organized and operated exclusively for educational and charitable purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code. The purpose of this non-profit corporation is to provide opportunities for the people of Collinsville to experience many different musical forms including new age, Samba, Zumba, Latin, Bollywood, Reggaeton and local bands. We believe it is important to reach and promote the appreciation of various forms of music to over residents. Because LPFM will help us with this endeavor to meet our goals, we are applying for an LPFM construction permit. Our goals are to actively promote local music events, offer classes on musical theory and encourage the appreciation of various musical forms.

5. OTHER INFORMATION:

6. EXECUTION: CERTIFICATE MUST BE SIGNED BY EACH INCORPORATOR

DATED THIS 1st DAY OF November, 2013

NAME OF INCORPORATOR	ADDRESS	SIGNATURE(S)
<i>Peggy N. Bartholomew</i>	ADDRESS: 11 Pheasant Hill Rd CITY Collinsville STATE: CT ZIP: 06019-3042	<i>Peggy N. Bartholomew</i> Director and President
	ADDRESS: CITY STATE: ZIP:	
	ADDRESS: CITY STATE: ZIP:	
	ADDRESS: CITY STATE: ZIP:	
	 <p>STATE OF CONNECTICUT OFFICE OF THE SECRETARY OF THE STATE I hereby certify that this is a true copy of record in this Office In testimony whereof, I have hereunto set my hand and affixed the Seal of said State, at Hartford, this _____ day of _____ A.D. 20</p>	

