



**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TheatreSouth Atlanta, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Herman LeVern Jones

Name of Person

TheatreSouth Atlanta, Inc

Firm/Company

13952 SW 276 Way

Address

Homestead, Florida 33032

City/State and Zip Code

theatresouthatlanta@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herman LeVern Jones at ( 305 ) 924-3003

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

THEATRESOUTH ATLANTA, INC.  
13952 SW 276<sup>TH</sup> WAY  
HOMESTEAD, FLORIDA 33032  
919-337-5430-OFFICE  
919-337-5430-CELL

To: Department of State  
Division of Corporations  
Clifton Building

From: Herman LeVern Jones  
Filer for TheatreSouth Atlanta, Inc.

Re: Certificate of Existence

Please note that the required document were sent in to your office along with the money orders to pay for the registration of THEATRESOUTH ATLANTA, INC. as a foreign company in the State of Florida. I was told that the money orders were cashed and I only needed to send in the enclosed letter for the Georgia Secretary of State CERTIFICATE OF EXISTENCE TO HAVE THE STATUS CHANGED.

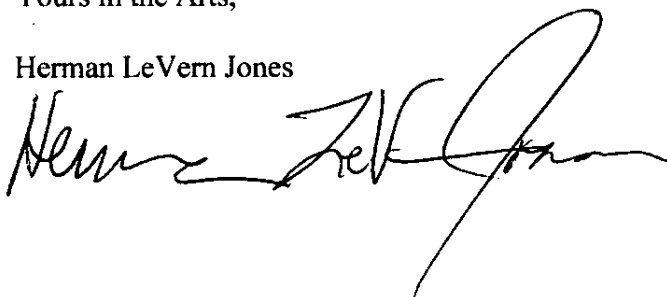
Thank you for your prompt attention to this matter.

If there are any questions, please call either telephone number listed above.

Sincerely with kindest regards,

Yours in the Arts,

Herman LeVern Jones

A handwritten signature in black ink, appearing to read "Herman LeVern Jones", written in a cursive style.

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 08025633  
DATE INC/AUTH/FILED : March 06, 2008  
JURISDICTION : Georgia  
PRINT DATE : September 12, 2014

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THEATRESOUTH ATLANTA, INC.  
A Domestic Non-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B. P. Kemp*  
Brian P. Kemp  
Secretary of State

14 SEP 18 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. TheatreSouth Atlanta, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 33-1197536  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 6, 2008 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NA  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1681 Niskey Overlook Trail, Atlanta, GA 30331  
(Principal office address)

13952 SW 276th Way, Homestead, FL 33032  
(Current mailing address)

8. Provide entertainment/cultural events and education using theatre arts.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

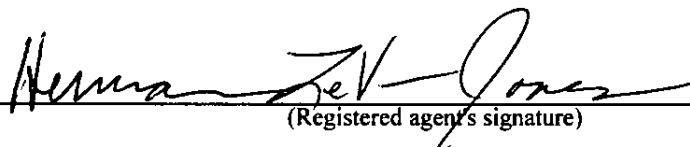
Name: Herman LeVern Jones

Office Address: 13952 SW 276 Way

Homestead, Florida 33032  
(City) (Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Charles Bythwood  
Address: 100 Board Street, Suite 100  
Atlanta, GA 30301

Vice Chairman: Iris Fuller  
Address: 4117 Hampstead Village Drive  
Durham, NC 27703

Director: Herman LeVern Jones  
Address: 1681 Niskey Overlook Trail  
Atlanta, GA 30331

Director: Dr. Gwendolyn Walker  
Address: 433 Highland Avenue, Unit 1301  
Atlanta, GA 30312

**B. OFFICERS**

President: Yonnick Jones  
Address: 12935 SW 218th Terrance, Apt. 609  
Miami, FL 33170

Vice President: Gwen Walker  
Address: Jisela Rodriguez  
12935 SW 218th Terrance, Apt. 609, Miami, FL 33107

Secretary: Carolyn Jones  
Address: 1681 Niskey Overlook Trail, Atlanta, GA 30331

Treasurer: Frank Shaw  
Address: 2046 Long Mill Road, P.O. Box 344, Youngsville, NC 27596

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SECRET  
FALLA HAS A B C I LORNOA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Herman LeVern Jones  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Herman LeVern Jones  
(Typed or printed name and capacity of person signing application)