

**ND60000/0077**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C.S. 9-26*

original  
**COVER LETTER**

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

SUBJECT: ROYAL PALM PERFORMING ARTS THEATRE  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: PETER PAGLIARO  
Name (Printed or typed)

225 Saratoga Blvd. East  
Address

Royal Palm Bch. FL 33411  
City, State & Zip

561-301-5404  
Daytime Telephone number

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



**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*ROYAL PALM PERFORMING ARTS THEATRE, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

*225 Saratoga Blvd. East  
Royal Palm Bch., Fl. 33411*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To mount theatrical productions for children and adults within our community, and conduct children's Drama Workshops*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Directors will be elected by a majority vote.*

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

*Treas. - Deborah Pagliaro - 225 Saratoga Blvd. E. Royal Palm Bch., Fl. 33411  
Pres. - Jack Freese - 219 Seville Road. West Palm Bch., Fl. 33405  
V.P. - Candice Coppolella - 12221 59th Street N. Royal Palm Bch., Fl. 33411  
Director - Peter Pagliaro - 225 Saratoga Blvd. E. Royal Palm Bch., Fl. 33411*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*PETER PAGLIARO  
225 Saratoga Blvd. E.  
Royal Palm Bch., Fl. 33411*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*PETER PAGLIARO  
225 Saratoga Blvd. E.  
Royal Palm Bch., Fl. 33411*

\*\*\*\*\*  
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.

*Peter Pagliaro*

Signature/Registered Agent

*9-12-06*

Date

*Peter Pagliaro*

Signature/Incorporator

*9-12-06*

Date

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