

N07000009863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

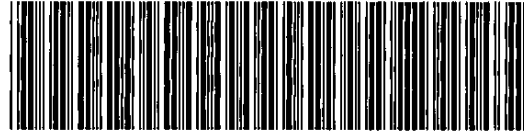
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/09/07--01009--018 \*\*87.50

RECEIVED  
07 OCT - 9 AM 11:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 OCT - 9 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS

10/9/07

## COVER LETTER

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

SUBJECT: Artists Workshop, inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: James Kontos  
Name (Printed or typed)

3007 Shamrock St. North Unit 11a  
Address

Tallahassee, FL 32309  
City, State & Zip

(850) 339-4413  
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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

Artists Workshop, inc.

07 OCT -9 PM 12: 10

**ARTICLE II PRINCIPAL OFFICE**

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

3007 shamrock street North Unit 11A  
Tallahassee, FL 32309

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to promote understanding of the performing arts  
through education, mentoring, and creative performances  
enacted throughout the community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The directors are appointed by the president  
and seconded by the executive director.

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

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

President: James Kontos  
3007 shamrock st N  
Unit 11A  
Tallahassee, FL 32309

Educational Director: Rodderick Durham  
2402 Trescott Drive  
Tallahassee, FL 32308

Executive Director: Ashley Townsend  
3007 shamrock st N  
Tallahassee, FL  
32309

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

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

James Kontos  
3007 shamrock st North  
Unit 11A  
Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ashley Townsend  
3007 shamrock street North  
Unit 11A  
Tallahassee, FL 32309

\*\*\*\*\*

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.

Signature/Registered Agent

Date

10/8/07

Signature/Incorporator

Date

10/8/2007