

N120000004567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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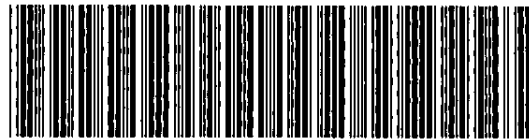
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12 MAY - 7 PM 11:44

RECEIVED

5/7

8

COVER LETTER

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

SUBJECT: Southern Shakespeare Company, 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: Kevin M. Carr
Name (Printed or typed)

2740 W. Tharpe Street #201
Address

Tallahassee FL 32303
City, State & Zip

781- 330 - 1238
Daytime Telephone number

Kevin.matthew.carr@gmail.com
E-mail address: (to be used for future annual report notification)

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: Southern Shakespeare Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2740 W. Tharpe St. #201
Tallahassee FL 32303

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Said organization is organized exclusively for cultural and educational purposes, as stipulated under section 501(c)(3) of the Internal Revenue Code

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors will be elected by the Board of Directors, as articulated in the by-laws of said organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Carr Secretary
Address: 2740 W. Tharpe St.
#201
Tallahassee FL 32303

Name and Title: _____
Address: _____

Name and Title: Brant K. Griffin, President
Address: 3518 Preston Parkway
Cumming GA 30041

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kevin Carr
Address: 2740 W. Tharpe St. #201
Tallahassee FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin Carr
Address: 2740 W. Tharpe St. #201
Tallahassee FL 32303

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]
Required Signature of Registered Agent

5/3/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature of Incorporator

5/3/12
Date