

N/2000008046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

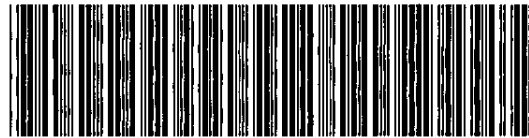
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600238570346

08/20/12--01027--024 **87.50

RECEIVED
12 AUG 20 PM 4:51
CLERK OF COURT
TALLAHASSEE, FLORIDA

h 08/21/12

COVER LETTER

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

CORNERSTONE THEATRE, INC.

SUBJECT: _____
(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: AARON C. SWIREN
Name (Printed or typed)

1516 E. HILLCREST ST. 200
Address

ORLANDO, FL 32803
City, State & Zip

407-898-7303
Daytime Telephone number

ASWIREN@SWIRENLAWFIRM.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
FOR
CORNERSTONE THEATRE, INC.**
In compliance with Chapter 617, F.S., (Not for Profit)

The undersigned Incorporator, for the purpose of forming a Florida non-profit corporation, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation is:

CORNERSTONE THEATRE, INC.

ARTICLE II

The principal place of business of the corporation is:

5224 W. STATE ROAD 46
SUITE 148
LAKE FOREST, FLORIDA 32771-9230

The mailing address of the corporation is:

5224 W. STATE ROAD 46
SUITE 148
LAKE FOREST, FLORIDA 32771-9230

12 AUG 20 PM 4:51
STATE
TALLAHASSEE, FLORIDA

ARTICLE III

This corporation is organized exclusively for religious, charitable, scientific, literary or educational purposes under Section 501(c) (3) of the Internal Revenue Code.

No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene (including, without limitation, the publishing, lobbying or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these articles, the Corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from Federal income tax under Section 501 (c) (3) of the Internal Revenue Code, or the corresponding section of any future tax code; or (b) by a corporation, contributions to which are deductible under Section 170(c) (2) of the Internal Revenue Code, or the corresponding section of any future tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

ARTICLE IV

The manner in which the directors are elected and appointed shall be stated in the bylaws.

ARTICLE V

The name and Florida address of the registered agent is:

L. BRUCE SWIREN, P.A.
1516 E. HILLCREST ST.
SUITE 200
ORLANDO, FLORIDA 32803

ARTICLE VI

The name and address of the incorporator is:

NICHOLAS A MURPHY
5537 FOREST OAK POINT
LAKE FOREST, FLORIDA 32771

ARTICLE VII

The initial officers and directors of the corporation are:

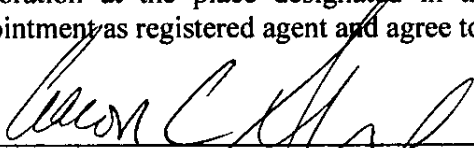
Title: D P CEO
NICHOLAS A MURPHY
5537 FOREST OAK POINT
LAKE FOREST, FLORIDA 32771

Title: D VP CFO S
CHERYL A. MURPHY
5537 FOREST OAK POINT
LAKE FOREST, FLORIDA 32771

Title: D
MICHAEL A. MURPHY
5537 FOREST OAK POINT
LAKE FOREST, FLORIDA 32771

12 AUG 20 PM 1:51
NICHOLAS A MURPHY
5537 FOREST OAK POINT
LAKE FOREST, FLORIDA

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.


Required Signature of Registered Agent

8/13/12
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.


Required Signature of Incorporator

8/10/12
Date

12 AUG 20 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA