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AUG 26 2015

T. SCOTT



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15 AUG 20 AM 10:30

## COVER LETTER

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

**SUBJECT:** Stage Workshop Resources, 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: Stephen Enright  
\_\_\_\_\_  
Name (Printed or typed)

7101 182nd Rd N  
\_\_\_\_\_  
Address

Jupiter, FL 33458  
\_\_\_\_\_  
City, State & Zip

(561) 818-7067  
\_\_\_\_\_  
Daytime Telephone number

senrong@aol.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: Stage Workshop Resources, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
7101 182nd Rd. N., Jupiter, FL 33458

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide funding assistance and training opportunities for Palm Beach County theatre students. Assistance can be monetary for workshop fees, production inclusion, equipment and facility acquisition or instructor support. Training opportunities are to be created through programs with the professional theatre entities who will create understudy or mentor programs to gain real life experience in theatre production. These programs will be administered by Stage Workshop Resources, Inc..

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: \_\_\_\_\_

Annually by majority written vote of board of directors

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen Enright, President

Address: 7101 182nd Rd N.  
Jupiter, FL 33458

Name and Title: Kimberly Rommel-Enright, Vice Pres

Address: 7101 182nd Rd. N.  
Jupiter, FL 33458

Name and Title: Tory Joeckel, Secretary

Address: 718 Fairhaven Drive  
North Palm Beach, FL 33408

Name and Title: Apryl Scalici, Treasurer

Address: 1141 Egret Circle South  
Jupiter, FL 33458

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

15 AUG 20 AM 10:30

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Stephen Enright

Address: 7101 182nd Rd. N.

Jupiter, FL 33458

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephen Enright

Address: 7101 182nd Rd. N

Jupiter, FL 33458

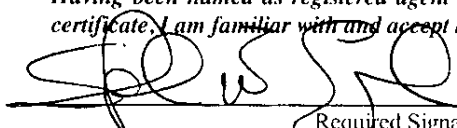
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

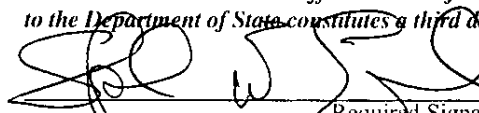
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

8/18/2015  
\_\_\_\_\_  
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

8/18/2015  
\_\_\_\_\_  
Date