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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 10 PM 3:55

APPROVAL
AND
FILED

VH

COVER LETTER

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

SUBJECT: The Station Theatre (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: Michael J. Paul

Name (Printed or typed)

20895 Pinar Trail

Address

Boca Raton, FL 33433

City, State & Zip

(561) 716-8976

Daytime Telephone number

mpaul@idlpboca.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)

APPROVED
AND
FILED

15 DEC 10 PM 3:55

ARTICLE I NAME

The name of the corporation shall be: The Station Theatre (Inc.)

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2295 NW Corporate Blvd., #210

Boca Raton, FL 33431

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A theatre for the performing arts and theatrical education, exempt 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: Officers are
elected by the Board of Directors who are elected by the Members of
the Corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael J. Paul, President</u>	Name and Title:	<u>William J. Gordon, Jr., Secretary</u>
Address	<u>20895 Pinar Trail</u>	Address:	<u>30285 Bruce Industrial Pkwy., Suite D</u>
	<u>Boca Raton, FL 33433</u>		<u>Solon, OH 44139</u>
<hr/>			
Name and Title:	<u>Antonio Amadeo, Vice-President</u>	Name and Title:	<u></u>
Address	<u>5025 Ibis Place</u>	Address:	<u></u>
	<u>Coconut Creek, 33073</u>		<u></u>
<hr/>			
Name and Title:	<u>Katherine Jo Amadeo, Treasurer</u>	Name and Title:	<u></u>
Address	<u>5025 Ibis Place</u>	Address:	<u></u>
	<u>Coconut Creek, 33073</u>		<u></u>
<hr/>			

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 DEC 10 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

Michael J. Paul

Address: _____

20895 Pinar Trail

Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Michael J. Paul

Address: _____

20895 Pinar Trail

Boca Raton, FL 33433

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

Date

12-7-15

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

Date

12-7-15