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## **COVER LETTER**,

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

SUBJECT: LIVE OAK	THEATRE COMPANY, INC.				
5 <b>CB3ECT</b>	(PROPOSED CORPO	DRATE NAME - MUST INC	CLUDE SUFFIX)		
	A.				
	,				
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for:		
D #70.00	( ) ( )	□e20.25	<b>□</b> ¢07.50		
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee &	□\$78.75 Filing Fee	■ \$87.50 Filing Fee,		
rining ree	Certificate of	& Certified Copy	_		
	Status		& Certificate		
	· · · · · · · · · · · · · · · · · · ·	ADDITIONAL CO	PY REQUIRED		
	•				
	·	•			
ED ON	Randi Olsen				
FROM:	Name (Printed or typed)				
	P.O. Box 12285				
	, <del>,</del>	Address			
	Brooksville, Florida 34603				
City, State & Zip					
	; 	City, Biate & Esp			
	646-246-3960				
	Dayti	me Telephone number	-		
	livaaakthaatra@amail.com				
	liveoaktheatre@gmail.com		<del>-</del>		
	E-mail address: (to be used for	tuture annual report notification	on)		

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 1 The name of t	NAME the corporation shall be:	k Theatre C	ompany, Inc.			_
ARTICLE II	PRINCIPAL OFFICE	is Est				
687	Principal <u>street</u> address: HARVARD STREET		P	Mailing address, if different is:	জ ক	
Broo	oksville, Florida 34601	Ň	В	rooksville, Florida 34603	1	
1		ð.			3112	11,3
ARTICLE III	I PURPOSE  for which the corporation is orga	a. anized is:	To provide educ	ational programs, camps, and instruction	to youth, in	n örder
develop and	sharpen public speaking and per	formance sk	ills as they partic	ipate in theatre productions along-side se	asoned per	formers
and mentors.	Notwithstanding anything here	in to the con	trary, the purpos	es of this corporation are limited to excluse	sively to ex	cempt
purposes with	nin the meaning of Section 501(	c)(3) of the I	internal Revenue	Code.	<u> </u>	
b. No part of	f the net earnings of the organize	ation shall in	nure to the benefit	t of, or be distributable to its members, tru	istees, office	cers or
	<del></del>	31		empowered to pay reasonable compensat		
		- 4				
rendered and	to make payments and distribut	ions in furth	erance of the pur	poses set forth in the purpose clause here	or.	
No substantia	l part of the activities of the orga	anization sha	all be carrying or	of propaganda, or otherwise attempting	to influence	E
legislation, an	d the organization shall not part	icipate in, o	r intervene in (in	cluding the publishing or distribution of s	tatements)	any
political camp	paign on behalf of any candidate	for public o	ffice. Notwithst	anding any other provision of this docume	ent, the	
organization s	shall not carry on any other activ	ities not per	mitted to be carr	ed on(a) by an organization exempt from	federal in	come
tax under sect	on 501 (c)(3) of the Internal Re	venue Code	or correspondin	section of any future federal tax code. o	r (b) by an	-
	<del></del>		<del></del>	2) of the Internal Revenue Code, or corres		
section of any	future federal tax code.	, Y				
c. Upon the d	lissolution of the organization, n	o part of its	net carnings or a	issets shall inure to the benefit of any indi	vidual, and	d its
<del></del>		· * 14		al Revenue Code Section 501 ©(3) to be	<del></del>	
by the Board of		<u>ं</u> {ब.			<u> </u>	
		7.				
ARTICLE IV	MANNER OF ELECTION	_The manne	r in which the dir	ectors are elected and appointed:	in by-laws	<u> </u>
· · · · · · · · · · · · · · · · · · ·					<del></del>	
orect to to	NEW AL OFFICER AND AND	ÇDÎ	vo <b>nc</b>			
ARTICLE V	INITIAL OFFICERS AND C	14	<u>.</u> <u>.</u>			
Name and Titl	Randi Olsen, President	( da 2 da	_ Name and Titl	Vince Vanni, Vice President	-	
Addr <del>e</del> ss	197 Hancock Lake Road	T.	_ Address:	2615 Allenwood Street	_	
	Brooksville, Florida 34602	. , .	<u> </u>	Brooksville, Florida 34601		
		7,5%	<b>-</b>		-	

Name and Titl	e: Keith Olsen, Treasurer	_ Name and Title	Marie Trombley, Secretary	•
Address	197 Hancock Lake Road	Address:	4139 Claremont Drive	
• • • • • • • • • • • • • • • • • • •	Brooksville, Florida 34602		New Port Richey, FL 34652	
		-		
Name and Title	Barbara Manuel, Bd. Member	<ul><li>Name and Title</li><li>Address:</li></ul>	Eric Kessel, Bd. Member	
	200 North Ave. West		13060 Citrus Way	
	Brooksville, FL 34601	•	Brooksville, Florida 34601	
		- <u></u>		
Name and Title	Art Sanborn, Bd. Member	Name and Title	Ellen Sanborn. Bd. Member	
Address	34077 Eiler Blvd.	Address:	34077 Eiler Blvd.	
Address	Webster, Florida 33597		Webster, Florida 33597	
,	\cdot			
	David Steadman Rd Member		Richard Linkul, Bd. Member	
Name and Title	2405 Leeson Street	Name and Title:	c/o Oak Hill Hospital	
Address	Brooksville, Florida 34601	Address:	11375 Cortez Blvd.	
			Brooksville, Florida 34603	
	. :			
ARTICLE VI	REGISTERED AGENT		•	
	Florida street address (P.O. Box NOT accep	otable) of the regi	stered agent is:	
Name:	Randi Olsen			
Address:	197 Hancock Lake Road			35
	Brooksville, Florida 346	02	•	
4 DOMEST D 1111	III.CORROR (MOR			<u>:</u>
	INCORPORATOR address of the Incorporator is:			<b>3</b>
Name:	Randi Olsen			<u> </u>
Addrėss:	197 Hancock Lake Road	<del>,</del>	•	70 - 3
/ tadi 635.	Brooksville, Florida 346	02		
ARTICLE VIII	EFFECTIVE DATE:	<del></del>		
Effective date.	f other than the date of filing:date is listed, the date must be specific an	d cannot be mor	(OPTIONAL) re than five business days prior or 90 bus	siness days
after the filing		G CHILLOC DE 1801	o than 1170 basicass days proses as year	
	te inserted in this block does not meet the ap		filing requirements, this date will not be li	sted as the
document's erre	ective date on the Department of State's reco	ras.		
Having been n	amed as registered agent to accept service of familiar with and accept the appointment a	of process for the	e above stated corporation at the place de t and agree to act in this canacity	signated in this
verngaeme, i um		ugsaser uu uge14		10
	Required Signature of Registered	Agent	7-30-1	0
I suhmit this Ac	cument and affirm that the facts stated here		aware that any false information submitted	l in a document
to the Departme	ent of State constitutes a third degree felony	as provided for in	s \$17.155, F.S.	• .
	Kann Cle		7-30-	4
	Required Signature of Incorp	porator	Date	