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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*h* 08/19/16

## COVER LETTER

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

SUBJECT: Good Knight 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: April Willett  
Name (Printed or typed)

1241 Heritage Lane  
Address

Orlando, FL 32807  
City, State & Zip

(386) 473-8375  
Daytime Telephone number

Good Knight Theatre@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: Good Knight Theatre Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1241 Heritage Lane  
Orlando, FL 32807

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to entertain, inspire and enrich the  
lives of our community through theatrical puppetry arts. We  
wish to sustain the traditions of old fashioned puppet  
theater and are committed to producing high quality  
productions that are appealing to a wide range  
of audience members.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The directors  
will be elected, maintained, and appointed in accordance with the corporations  
bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: April Willett/President

Address: 1241 Heritage Lane  
Orlando, FL 32807

Name and Title: James Tennyson/Vice President

Address: 167 Windsor Drive  
Port Orange FL  
32129

Name and Title: Julie Harbars/treasurer

Address: 1241 Her. tage Lane  
Orlando, FL 32807

Name and Title: Maria Santana/Secretary

Address: 9001 SW 122<sup>nd</sup> Ave  
Miami, FL 32807

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

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

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

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

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

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

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\_\_\_\_\_  
\_\_\_\_\_

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: Florida Registered Agent LLC

Address: 3030 North Rocky Point Dr #150a  
Tampa, FL 33607

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: April Willett

Address: 1241 Heritage Lane  
Orlando, FL 32807

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

Bill Havre Bill Havre/Assistant Secretary  
Required Signature of Registered Agent

8/1/2016  
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.

April Willett  
Required Signature of Incorporator

8/1/2016  
Date