(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
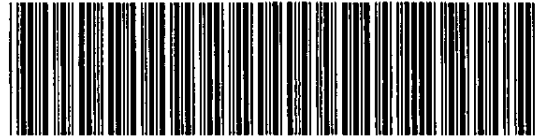
☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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2016 OCT 14 PM 2: 15

EEEFCTIVE DATE 10/10/16

10/17/16

COVER LETTER

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

SUBJECT: CSE Children's Theater 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	■ $78.75	☐$78.75	☐ $87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM: Christine Stubbs-Ellis
_____
Name (Printed or typed)

1390 Lara Circle Unit 101
_____
Address

Rockledge, FL 32935
_____
City, State & Zip

3216040699
_____
Daytime Telephone number

csetheatercamp@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)

ARTICLE I · NAME
The name of the corporation shall be: CSE Children's Theater Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

1390 Lara circle unit 101

Rocklegde Fl, 32955

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To operate a theatrical entity where children can acquire, demonstrate

and perform dramatic skills, ability and talents. Also develop confidence and social skills in helping interact with other children.

This business offers services to children between the ages 5-18 including those with special needs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Annually vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christine Ellis, President

Address 1390 Lara Circle Unit 101

Rockledge, FL 32934

Name and Title: Christilee Stubbs, Vice President

Address: 17 S Palmway Circle

Rockledge, FL

Name and Title: Guadalupe Ruiz, Secretary

Address 1228 Croftwood Dr

Melbourne, FL 32935

Name and Title: Godfrey Stubbs, Treasurer

Address: 1412 Croftwood Dr

Melbourne, FL 32935

Name and Title:

Address

Name and Title:

Address:

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: **Rosalind Lassiter-Roker**

Address: **10666 NE 10ct**

         Miami Shores, FL 33138

ARTICLE VII   INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Christine Ellis**

Address: **1390 Lara circle unit 101**

         Rockledge fl.32955

ARTICLE VIII   EFFECTIVE DATE:

Effective date, if other than the date of filing: **10/10/2016** . (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

_____   **10/10/2016**

Required Signature of Registered Agent   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.

_____   **10/10/2016**

Required Signature of Incorporator   Date