

N17000002890

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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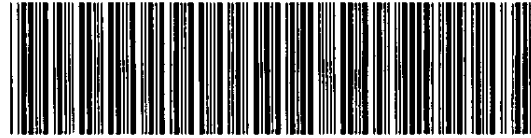
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

03/20/17

COVER LETTER

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

SUBJECT: Artist Connection 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: Lori O. Newton
Name (Printed or typed)

3907 Arrow Point Trail W.
Address

Jacksonville FL 32277
City, State & Zip

904 710 5054
Daytime Telephone number

newton91Lori@gmail.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: Artist Connection Theatre, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3907 Arrow Point Trail W.
Jacksonville, FL 32277

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

exists to give professional, intermediate, and beginner actors the opportunity to explore their Artistic Abilities through family friendly productions. We will encourage excellence in all areas of the arts and inspire personal growth through the development of talents.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: President and executive manage appoints and Board of trustees approves.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lori O. Newton, Pres. Name and Title: Paulette Gutierrez, Treasure

Address: 3907 Arrow Point Trail W. Address: 6210 Columbine Dr.
Jacksonville FL 32277 Jacksonville FL
32211

Name and Title: Yvonne Otwell, Sec. Name and Title: _____

Address: 10399 Ford Rd Address: _____
Brycville FL
32009

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR 15 AM 11:53

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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: Lori O Newton

Address: 3907 Arrow Point Trail W.
Jacksonville, FL 32277

ARTICLE VII INCORPORATOR

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

Name: Lori O Newton

Address: 3907 Arrow Point Trail W.
Jacksonville FL 32277

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TALLAHASSEE, FLORIDA

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 days prior or 90 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

Lori O Newton
Required Signature of Registered Agent

March 11, 2017
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.

Lori O Newton
Required Signature of Incorporator

March 11, 2017
Date