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17 JUL 20 AM 9:55
TALLAHASSEE, FLORIDA
STATE

07/21/17

COVER LETTER

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

SUBJECT: NEW PHOENIX 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: TOM RITI
Name (Printed or typed)

3229 NW 46TH AVENUE
Address

CAPE CORAL FL 33993
City, State & Zip

(908) 268-1924
Daytime Telephone number

videoandfilmmaker@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:

NEW PHOENIX THEATRE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3229 NW 46TH AVENUE

CAPE CORAL, FL 33993

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PRODUCE LIVE THEATRE
PRODUCTIONS FOR THE COMMUNITY (LEE COUNTY)

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

DIRECTORS ARE
ELECTED FROM THE MEMBERSHIP AS NEEDED. OFFICERS ARE ELECTED BY THE DIRECTORS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRENDA KENSLE, PRESIDENT

Address:

14521 OCEAN BLUFF DRIVE

FORT MYERS, FL 33908

Name and Title: TOM RITI, VICE PRESIDENT

Address:

3229 NW 46TH AVENUE

CAPE CORAL, FL 33993

Name and Title: LORI RITI, SECRETARY

Address:

3229 NW 46TH AVENUE

CAPE CORAL, FL 33993

Name and Title: PATRICK DAY, TREASURER

Address:

12440 MCGREGOR BOULEVARD

FORT MYERS, FL 33919

Name and Title: ANNE DODD, DIRECTOR

Address:

12440 MCGREGOR BOULEVARD

FORT MYERS, FL 33919

Name and Title: ALING JARBEAU, DIRECTOR

Address:

4113 RESIDENCE DRIVE, #223

FORT MYERS, FL 33901

Name and Title: ANTHONY NERI, DIRECTOR

Address: 1417 CAUSEY COURT
SANIBEL, FL 33957

Name and Title: DEBI NERI, DIRECTOR

Address: 1417 CAUSEY COURT
SANIBEL, FL 33957

Name and Title: JAMES ROBINSON, DIRECTOR

Address: 4113 RESIDENCE DRIVE, #223
FORT MYERS, FL 33901

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: TOM RITI

Address: 3229 NW 46TH AVENUE
CAPE CORAL, FL 33993

17 JUL 20 AM 9:55
DEPT. OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JAMES ROBINSON

Address: 4113 RESIDENCE DRIVE, #223
FORT MYERS, FL 33901

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

[Signature]
Required Signature of Registered Agent

7/17/2017
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.

[Signature]
Required Signature of Incorporator

7/17/2017
Date