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K. Brumpley

# **COVER LETTER**

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

	(PROPOSED CORP	ORATE NAME – <u>MUST ÎN</u>	CLUDE SUFFIX)
closed is an original a	and one (1) copy of the Art	ticles 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 CO	PY REQUIRED
FROM:	Haleigh Williams		
77.01.11	Nai	me (Printed or typed)	-
	3554 West Orange Country C	Club Dr. Suite 140	
		Address	-
	Winter Garden, FL 34787		
		City, State & Zip	-
	407-614-0103		
	Daytime Telephone number		

southeast@myrenosi.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

#### ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

## \_ARTICLE I NAME

The name of the corporation shall be LHS Drama Booster Association, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: 2342 Shell Point Rd E Ruskin, FL 33570

#### ARTICLE III PURPOSE

The specific purpose of the corporation is to support the students, parents, directors and staff of the Lennard High School Drama/Theater program by recruiting volunteers, conducting programs, and raising funds. The corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of 501(c)(3) of the Internal Revenue Code. (All references to sections in these Articles refer to the Internal Revenue Code of 1986 as amended or to comparable sections of subsequent internal revenue laws.) In pursuance of these purposes, it shall do all things necessary, proper, and consistent with maintaining tax exempt status under section 501(c)(3).

#### ARTICLE IV MANNER OF ELECTION

The manner in which directors are elected and appointed is as provided in the Bylaws.

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Victoria Hollbrook, President 1819 Butch Cassidy Trail Wimauma, FL 33598

Dalila Roig, Secretary 635 Washita Stone Dr Ruskin, FL 33570

Nancy Torres, Treasurer 635 Washita Stone Dr Ruskin, FL 33570

# ARTICLE VI REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

Katherine Reeves 2342 Shell Point Rd E Ruskin, FL 33570

#### ARTICLE VII

INCORPORATOR

The name and Florida street address of the Incorporator is:

Nancy Torres 2342 Shell Point Rd E Ruskin, FL 33570

ARTICLE VIII

ADDITIONAL PROVISIONS

No part of the net carnings of the corporation shall inure to the benefit of or be distributed to any director, employee or other individual, partnership, estate, trust or corporation having a personal or private interest in the corporation. Compensation for services actually rendered and reimbursement for expenses actually incurred in attending to the affairs of this corporation shall be limited to reasonable amounts. No substantial amount of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and this corporation shall not intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles or of any Bylaws adopted thereunder, this corporation shall not take any action not permitted by the laws which then apply to this corporation.

Upon dissolution of the corporation, its assets shall be disposed of exclusively for the purposes of the corporation or distributed to such organizations organized and operated exclusively for charitable purposes which shall, at the time, qualify as exempt organizations under section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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 eyent and agree to act in this capacity.

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.

Signature of Ingriporator

11/27/2018