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SEC. CLERK OF JUDGE  
TALLAHASSEE, FLORIDA

2019 NOV 25 PM 4:35

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## COVER LETTER

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

SUBJECT: LimeLight Theatre SRQ, 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: Kim Livengood  
Name (Printed or typed)

1716 Hawthorne St  
Address

Sarasota, FL 34239  
City, State & Zip

941.445.1938  
Daytime Telephone number

Kim Livengood 3@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: Lime light Theatre SRQ, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

801 N. Lime Ave  
Sarasota, FL 34237

Mailing address, if different is:

1716 Hawthorne St  
Sarasota FL 34239

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

An opportunity for theatre artists in our  
community to learn, rehearse & perform

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

President appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Kim Livengood, President</u>	Name and Title:	<u>Judy Alexander VP</u>
Address:	<u>1716 Hawthorne St</u> <u>Sarasota FL 34239</u>	Address:	<u>1700 North Dr</u> <u>Sarasota FL 34239</u>

Name and Title:	<u>Robert Livengood VP</u>	Name and Title:	_____
Address:	<u>1716 Hawthorne St</u> <u>Sarasota FL 34239</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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TALLAHASSEE, FL 32309  
SEP 11 2019

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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: Kim Livengood  
Address: 1716 Hawthorne St  
Sarasota, FL 34239

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kim Livengood  
Address: 1716 Hawthorne St  
Sarasota, FL 34239

**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*

Kim Livengood 11/21/19  
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.*

Kim Livengood 11/21/19  
Required Signature of Incorporator Date