

N20000003599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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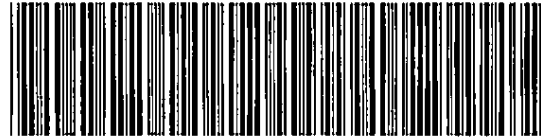
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Heritage Pines Theatre Club 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: Leota Gebhardt
Name (Printed or typed)

18335 Camshire Court
Address

Hudson FL 34667-5728
City, State & Zip

727 819-8596
Daytime Telephone number

Geblee@aol.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: Heritage Pines Theatre Club Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

18335 Camshire Court

Hudson FL 34667-5728

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote the Arts for Seniors in a
55+ Community by contracting with theater venues in the area for
discounted prices, specific dates and/or times. To support local
arts and entertainment businesses by encouraging attendance in
groups of seniors who might not otherwise attend.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Volunteer and/or appointment by the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gebhardt, Leota A ~~XXXXXX~~ Title: President & Treasurer

Address 18335 Camshire Court Address: _____
Hudson FL 34667-5728 _____

Name and Title: Kalin, Gail ~~XXXXXX~~ Title: Vice President & Secretary

Address 11050 Brooklawn Drive Address: _____
Hudson FL 34667 _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Leota Gebhardt

Address: 18335 Camshire Court

Hudson FL 34667-5728

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leota Gebhardt

Address: 18335 Camshire Court

Hudson FL 34667-5728

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:

Leota Gebhardt
Required Signature of Registered Agent

3-19-2020
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.

Leota Gebhardt
Required Signature of Incorporator

3-19-2020
Date

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Address:

Hudson FL 34667-5728

Name and Title: Kalin, Gail

~~XXXXXX~~ Title: Vice President & Secretary

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Address:

Hudson FL 34667

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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