

# N220000010236

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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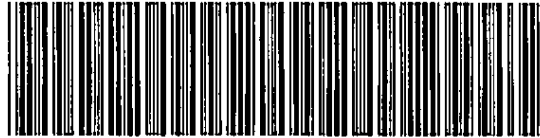
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Sarasota Jewish 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: Carole Kleinberg  
Name (Printed or typed)

1255 N. Gulfstream, #1402  
Address

Sarasota, FL 34236  
City, State & Zip

(941) 232-4123  
Daytime Telephone number

carole@carolekleinberg.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: Sarasota Jewish Theatre, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1255 N. Gulfstream, #1402

Sarasota, FL 34236

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: . consistent with section 501(c)(3) of the IRC, to produce, present, and support professional theater and original programs focused on Jewish dramatic literature, culture, values, history, and experience.  
and to celebrate the work of Jewish playwrights . Upon the dissolution of the corporation, assets shall be distributed for an exempt purpose within the meaning of section 501(c)(3) of the IRC.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The initial Directors  
were elected on August 8, 2022, and will hold office until successive Directors are  
electd and qualified or until such person's earlier resignation, removal from  
office, or death.

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

Name and Title: Carole Kleinberg, President

Address: 1255 N. Gulfstream, #1402  
Sarasota, FL 34236

Name and Title: Carolyn Michel, Board Chair

Address: 29 N Washington Dr.  
Sarasota, FL 34236-1419

Name and Title: Dr. Barbara Lorry, Vice Chair

Address: 1714 South Dr.  
Sarasota FL 34239

Name and Title: Alice Cotman, Secretary

Address: 5820 Fairway Lakes Dr.  
Sarasota, FL 34243-3824

Name and Title: Philippe Koenig, Treasurer

Address: 2779 Ringwood Meadows  
Sarasota, FL 34235

Name and Title: Lynne Bernfield

Address: 337 Avenida Leona  
Sarasota, FL, 34242-1512

Name and Title: Harmon Greenblatt Name and Title: Peter Magnuson  
Address: 5582 Ashton Lake Dr Address: 3900 Clark Road, Bldg. R  
Sarasota FL 34231 Sarasota, FL 34233

Name and Title: Nancy Roucher Name and Title: Dr. Louis Rowitz  
Address: 1255 N. Gulfstream Ave. #802 Address: 1250 Rudolph Road, Unit: 1 F  
Sarasota FL 34236 Northbrook, IL 60062

Jan Wallace, 2779 Ringwood Meadows, Sarasota, FL 34235

**ARTICLE VI REGISTERED AGENT**

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

Name: Carole Kleinberg  
Address: 1255 N. Gulfstream, #1402  
Sarasota, FL 34236

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DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

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

Name: Carole Kleinberg  
Address: 1255 N. Gulfstream, #1402  
Carole Kleinberg

**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*

Carole Kleinberg  
Required Signature of Registered Agent

8-16-22  
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.*

Carole Kleinberg  
Required Signature of Incorporator

8-16-22  
Date