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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

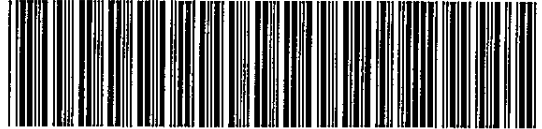
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Jacksonville Playback 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jane Langford
Name (Printed or typed)
10777 Hippizan Dr
Address
Jacksonville, FL 32257
City, State & Zip
904-737-0312
Daytime Telephone number

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

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: Jacksonville Playback Theatre, Inc.
2. The principal place of business and mailing address of the corporation is: PO Box 380038, Jacksonville, FL 32208
3. The corporation shall have the authority to issue 100 shares of stock.
4. The registered agent of the corporation is Jane Langford and the registered street address is 10777 Lippizan Dr Jacksonville, Florida 32257.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Jane Langford 10777 Lippizan Dr Jacksonville FL 32257
Kathleen LeRoy Trebus 2143 Ernest St Jacksonville, FL 32204

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Jane Langford whose street address is 10777 Lippizan Dr Jacksonville FL 32257

Dated Dec 13, 2003

Jane Langford
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated Dec 13, 2003

Jane Langford
Registered Agent

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03 DEC 16 PM 7:25
SECRETARY OF STATE
TALLAHASSEE
FLORIDA