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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JAN 28 PM 2:18

## TRANSMITTAL LETTER

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

**SUBJECT:** John Leggio's Center For The Performing Art's, Inc

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** John Leggio

Name (Printed or typed)

10451 County Line Rd

Address

Spring Hill FL 34609

City, State & Zip

352-683-8395

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation pursuant to Chapter 607 and/or Chapter 621 F.S. (Profit)

### ARTICLE ONE

The name of the corporation shall be: John Leggio's Center For The Performing Arts, Inc

### ARTICLE TWO

The principal place of business and the mailing address of this corporation shall be:  
10451 County line Rd, Spring Hill, FL 34609

### ARTICLE THREE

The specific purpose for which the corporation is organized is to perform arts and any lawful business in the state of Florida.

### ARTICLE FOUR

The number of shares of stock is: Ten thousand (10000) par value \$.01.

### ARTICLE FIVE

Initial Officers and Directors:  
President: John Leggio

### ARTICLE SIX

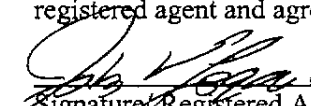
The name and address of the Registered Agent is: John Leggio  
10451 County Line Rd, Spring Hill Dr., Spring Hill, FL 34609

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ARTICLE SEVEN

The name and address of the Incorporator is: John Leggio,  
10451 County Line Rd, Spring Hill, FL 34609

Having been named as registered agent to accept service of process for the above 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.

  
\_\_\_\_\_  
Signature/ Registered Agent

1/26/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/26/05  
\_\_\_\_\_  
Date

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