

04-24-15;01:25PM;

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954) 428-8899  
Fax Number : (954) 428-6699

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: THEACTORSWORKSHOP@HOTMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
THE ACTORS WORKSHOP OF SOUTH FLORIDA INC.**

Certificate of Status	0
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TELEPHONE 352-4633

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S.: (Profit)

ARTICLE I NAMEThe name of the corporation shall be: THE ACTORS WORKSHOP OF SOUTH FLORIDA INC.ARTICLE II PRINCIPAL OFFICE

Principal street address

6278 N FEDERAL HWY #462FT. LAUDERDALE, FL 33308

Mailing address, if different is:

P.O. BOX 5134DEERFIELD BEACH, FL 33442ARTICLE III PURPOSEThe purpose for which the corporation is organized is: CONSULTING, ACTINGARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: JANE KELLY, PRES.

Name and Title: \_\_\_\_\_

Address

P.O. BOX 5134

Address: \_\_\_\_\_

DEERFIELD BEACH, FL 33442

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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(conti.)

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: JANE KELLY  
Address: 6278 N FEDERAL HWY #462  
FT. LAUDERDALE, FL 33308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JANE KELLY  
Address: P.O. BOX 5134  
DEERFIELD BEACH, FL 33442

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

✓ J. Kelly  
Required Signature/Registered Agent

4/24/15  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

✓ J. Kelly  
Required Signature/Incorporator

4/24/15  
Date

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THE ACTORS WORKSHOP OF SOUTH FLORIDA INC.

This letter is to certify that I have no intention of revoking the dissolution that was filed as of 3/31/15.

I Jane Kelly as president am sending Articles of Incorporation under the above name.

Jane Kelly

Jane Kelly

4/21/15

Date