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Cooper & Byrnes PA
Requestor's Name

2414 E. Plaza Drive
Address

Tallahassee FL 671-1111
City/State/Zip Phone #

700002344207--5
-11/12/97--01023--006
****157.50 ****122.50
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Performing Arts Center of Tallahassee, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #) (A)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

\$ 122.50

12th

97 NOV 12. PH 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W97-26

Examiner's Initials
B. REGISTER NOV 20 1997

A F F I D A V I T

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, this 30th day of October, 1997, being duly sworn, on oath, hereby deposes and states as follows:

1. The undersigned is the duly authorized officer of PERFORMING ARTS CENTER OF TALLAHASSEE, INC.

2. PERFORMING ARTS CENTER OF TALLAHASSEE, INC., has taken all corporate actions, and has executed Articles of Dissolution in order to dissolve in accordance with Chapter 617, Florida Statutes.

3. PERFORMING ARTS CENTER OF TALLAHASSEE, INC., has no plan or intention of revoking its dissolution, and hereby authorizes the use of the name "PERFORMING ARTS CENTER OF TALLAHASSEE, INC.", or any similar name, by any other entity immediately upon the filing and acceptance of its Articles of Dissolution by the Office of the Florida Secretary of State.

Further the Affiant sayeth not.

Name: Scottie Montgomery
SCOTTIE MONTGOMERY
Title: President

STATE OF FLORIDA
COUNTY OF LEON

Sworn to and subscribed before me this 30th day of October, 1997, by Scottie Montgomery, who is personally known to me or who has produced N/A as identification.



Pamela B. Williams
MY COMMISSION # CC513884 EXPIRES
December 15, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

Pamela B Williams
Signature

NOTARY PUBLIC
My Commission # _____
Expires:

**ARTICLES OF INCORPORATION
OF
PERFORMING ARTS CENTER OF TALLAHASSEE, INC.**

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida:

ARTICLE I

Name

The name of this Corporation shall be PERFORMING ARTS CENTER OF TALLAHASSEE, INC.

ARTICLE II

Purpose

This Corporation shall be organized for the purpose of engaging in any business which is lawful under the laws of the State of Florida.

ARTICLE III

Agent

The registered agent of this Corporation shall be Scottie Montgomery. The address of the registered agent shall be 1900 South Barn Way, Tallahassee, Florida 32311.

ARTICLE IV

Existence

This Corporation shall have perpetual existence.

ARTICLE V

Address

The initial street address of the principal office of this Corporation shall be 1900 South Barn Way, Tallahassee, Florida 32311.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI

Capital Stock

The authorized capital stock of this Corporation shall consist of 100,000 shares of voting common stock having a par value of ten cents (\$0.10) each.

ARTICLE VII

Preemptive Rights, Cumulative Voting

Holders of the capital stock of the Corporation shall not have the preemptive right to purchase new shares of stock or securities, or rights to acquire stock or securities of the Corporation. Cumulative voting shall not be allowed in the election of its directors or for any other purposes.

ARTICLE VIII

Directors

This Corporation shall have no less than one director (1) nor more than seven (7). The Board of Directors of the Corporation shall consist of all of the stockholders (or, if any stockholder is a corporation or other entity, such shareholder's duly authorized representative). The initial director of the Corporation shall be as follows:

<u>Name</u>	<u>Address</u>
Scottie Montgomery	1900 South Barn Way Tallahassee, Florida 32311

ARTICLE IX

Incorporator

The name and address of the Incorporator is: Scottie Montgomery, 1900 South Barn Way, Tallahassee, Florida 32311.

ARTICLE X

Officers

The officers of the Corporation shall be a president, vice president and a treasurer, and such other officers or agents as may be appointed by the Board of Directors. All officers, agents or

employees as may be necessary shall be chosen in such a manner, for such time, and have such duties as may be described by the By-Laws or determined by the Board of Directors. The names of the initial officers are as follows:

<u>Office</u>	<u>Name</u>
President, Secretary and Treasurer	Scottie Montgomery

ARTICLE XI

Indemnification

The Corporation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that he is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees, judgments, fines and amounts paid in settlement) actually and reasonably incurred by him in connection with such action, suit or proceeding, including appeals, to the full extent permitted under Chapter 607, Florida Statutes, or its successor statute.

Indemnification as provided hereunder shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of his heirs, executors, administrators and assigns.

IN WITNESS WHEREOF, I, the undersigned Incorporator, hereby set my hand and seal this 30th day of October, 1997, for the purpose of forming this Corporation under the laws of the State of Florida, and I hereby make and file in the Office of the Secretary of the State in the State of Florida the Certificates of Incorporation and certify that the facts herein stated are true.


SCOTTIE MONTGOMERY, Incorporator

STATE OF FLORIDA
COUNTY OF LEON

BEFORE ME, the undersigned officer, duly authorized to take acknowledgments and administer oaths, personally appeared SCOTTIE MONTGOMERY, and being first duly sworn and upon her oath, stated that she signed the above Articles of Incorporation for the conditions and purposes therein expressed this 30th day of October, 1997.

Pamela B. Williams
NOTARY PUBLIC - STATE OF FLORIDA



Pamela B. Williams
MY COMMISSION # CC513884 EXPIRES
December 15, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

PRINTED NAME OF NOTARY; COMMISSION
NUMBER AND EXPIRATION OF COMMISSION

Personally known to me ✓
or produced the following identification: _____

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **PERFORMING ARTS CENTER OF TALLAHASSEE, INC.**

2. The name and address of the registered agent and office is:

Scottie Montgomery
(NAME)

1900 South Barn Way
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32311
(CITY/STATE/ZIP)

SIGNATURE Scottie Montgomery
TITLE Incorporator
DATE 10/30/97

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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Scottie Montgomery
DATE 11/6/97
REGISTERED AGENT FILING FEE: \$35.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA