

PO4000029032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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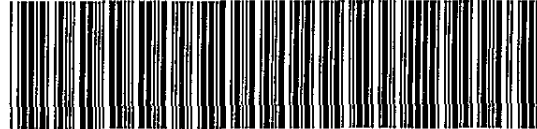
(Business Entity Name)

(Document Number)

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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: Chrissy's Sweet Treats, Co.  
(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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Christina M. Zuraw  
Name (Printed or typed)

639 Eddy Street  
Address

Boca Raton, FL 33487  
City, State & Zip

561-715-9825  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Chrissy's Sweet Treats Co .

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

209 SE 5th Ave  
Delray Beach FL 33483-5206

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

List name(s), address(es) and specific title(s):

Christina M Zuraw (Director, President, Secretary)  
639 Eddy Street  
Boca Raton, FL 33487

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Edward A Zuraw  
209 SE 5th Ave  
Delray Beach FL 33483-5206

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Christina M Zuraw  
639 Eddy Street  
Boca Raton, FL 33487

\*\*\*\*\*

*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*

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

1.30.04

\_\_\_\_\_  
Date

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

1/30/04

\_\_\_\_\_  
Date