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C. GOLDEN APR 1 8 2017

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

	4-14-11	
Name:	Chrisley Productor	isnc
Document #:	Chrisley Productor Natale Paranel	
Order #:		
Certified Copy of Arts & Amend:		
Plain Copy: Certificate of Good Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
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Thank you!

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COVER LETTER

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

SUBJECT: Ch	risley Productions, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the artic	cles of incorporation and	l a check for:	1	
\$70.0 Filing F	00 ☐ \$78.75 ee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	NI REQUIRED]	
FROM	Bass Berry & Sims	(D) 4 1 4 1 D			
	150 3rd Avenue South Ste 2800	(Printed or typed)			
	Nashville, TN 37201	ddress		7 TPS	
		State & Zip	· ·····	2017 APR 14 SECRETARY TALLAHASS	7
	·	elephone number	· · · · · · · · · · · · · · · · · · ·	Lu	
	robinrossfleming@gmail.com E-mail address: (to be used	for future annual report r	notification)	PM 4: 56 OF STATE E. FLORIO	O

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

FL001N - 11/09/2016 Wolters Kluwer Online



FILED

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2017

SUNSHINE CORPORATE

SUBJECT: CHRISLEY PRODUCTIONS, INC.

Ref. Number: W17000032898

Please directions.

We have received your document for CHRISLEY PRODUCTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 317A00007412

TAPRIE PLIS

FILED

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

2017 APR 14 PM 4: 56

ARTICLE I NAM The name of the corpo		SECRETARY OF STATE
ARTICLE II PRII		TALLAHASSEE, FLORID, Mailing address, if different is:
11924 Forest Hill Bl	vd., Suite 10A-179	
West Palm Beach, FI	_ 33414	
ARTICLE III PUR The purpose for whic	POSE h the corporation is organized is:	
Any and all lawful bu	ısiness	
· · · · · · · · · · · · · · · · · · ·		
		·
		
Name and T	TAL OFFICERS AND/OR DIRECTORS Todd Chrisley, President, VP, Director 11924 Forest Hill Blvd., Suite 10A-179	Name and Title:
Address	West Palm Beach, FL 33414	Address:
	11001141111204011,1233111	-
Name and Ti		
	Robin Fleming, Secretary/Treasurer	Name and Title:
Address	Robin Fleming, Secretary/Treasurer 11924 Forest Hill Blvd., Suite 10A-179	_ Name and Title:
Address	Robin Fleming, Secretary/Treasurer	•
Address	Robin Fleming, Secretary/Treasurer 11924 Forest Hill Blvd., Suite 10A-179	•
	He: Robin Fleming, Secretary/Treasurer 11924 Forest Hill Blvd., Suite 10A-179 West Palm Beach, FL 33414	Address:
	He: Robin Fleming, Secretary/Treasurer 11924 Forest Hill Blvd., Suite 10A-179 West Palm Beach, FL 33414	Address:
Name and Ti	He: Robin Fleming, Secretary/Treasurer 11924 Forest Hill Blvd., Suite 10A-179 West Palm Beach, FL 33414	Address:

Name and	Title:	Name and Title:	
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Robin Fleming	TAIS 25	
Address:	11924 Forest Hill Blvd., Suite 10A-179		
	West Palm Beach, FL 33414	MPR (HAS	,
ARTICLE VII II	VCORPORATOR	RY OF STATISEE, FLOAI	į
The name and add	lress of the Incorporator is:	- S	ř
Name:	Robin Fleming		•
Address:	11924 Forest Hill Blvd., Suite 10A-179	TE IDA	
1 Karat Oddi	West Palm Beach, FL 33414	_	
Effective date, if o (If an effective da filing.) Note: If the date i		of be more than five days prior or 90 days after the	
Having been namu this certificate, I an	ed as registered agent to accept service of proces of familiar with and accept the appointment as re		
	John Hause	4/13/2017	
	Required Signature/Registered Agent	Date	
I submit this docur document to the De	partment of State constitutes a third degree felor	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S. 4/13/2017	
Require	d Signature/Incorporator	Date	