

N160000/2099

(Requestor's Name)

(Address)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT:

Christmas Everyday, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Colleen Washington
Name (Printed or typed)

1615 W. 4th Avenue
Address

Tallahassee, FL 32304
City, State & Zip

850-210-4150
Daytime Telephone number

Colleenwashington944@yahoo.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Christmas Everyday, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

665 W. 4th Avenue
Tallahassee, Florida
32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make the days of others
feel like Christmas Everyday.
To assist the communities with needs of food,
safety needs, and under privilege children needs.
and improve at risk kids.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

President

Address:

Name and Title:

Colleen Washington

Address:

665 W. 4th Avenue
Tallahassee, FL 32304

Name and Title:

V

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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:

Address:

Colleen Washington

605 W. 4th Avenue
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Address:

Colleen Washington
Christmas Everyday, Inc.
605 W. 4th Avenue
Tallahassee, FL 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/21/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

Required Signature of Incorporator

Date