

P04000/32003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

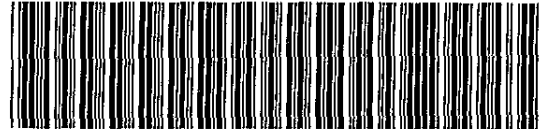
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Christine Abrams Incorporated  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Christine Abrams  
Name (Printed or typed)

959 Maple Forest Dr  
Address

Orlando FL 32825  
City, State & Zip

(888) 528-7488  
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)

**ARTICLE I NAME**

The name of the corporation shall be: *Christine Abrams Incorporated*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *959 Maple Forest Dr  
Orlando FL 32825*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *photography and wedding services,  
a for-profit corporation*

**ARTICLE IV SHARES**

The number of shares of stock is: *One (1)*

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

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

*Christine D. Abrams, 959 Maple Forest Dr, Orlando FL 32825, President*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Christine Abrams  
959 Maple Forest Dr  
Orlando FL 32825*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Christine Abrams  
959 Maple Forest Dr  
Orlando FL 32825*

\*\*\*\*\*  
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

*Christine Abrams*  
\_\_\_\_\_  
Signature/Registered Agent

*09/14/04*  
\_\_\_\_\_  
Date

*Christine Abrams*  
\_\_\_\_\_  
Signature/Incorporator

*09/14/04*  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA