

P12000040329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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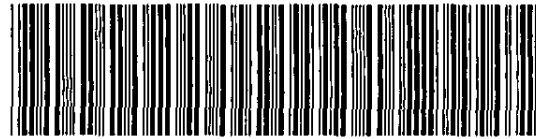
(Business Entity Name)

(Document Number)

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

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12 APR 30 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/01/12

## COVER LETTER

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

**SUBJECT:** 3 Sisters Productions, Inc

(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: Lewis D Resseguie

Name (Printed or typed)

2203 North Creek Court

Address

Sun City Center, FL 33573

City, State & Zip

813 642-0606

Daytime Telephone number

LDR532@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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**      3 Sisters Productions, Inc

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
2203 North Creek Court  
Sun City Center, FL 33573

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to produce and promote theatrical productions

**ARTICLE IV SHARES**

The number of shares of stock is: 20,000

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

Name and Title: Lewis D Resseguie President  
Address: 2203 North Creek Court  
Sun City Center, FL 33573

Name and Title: Thresea L Council Vice President  
Address: 2303 8th Ave SW  
Ruskin, FL 33570-5571

Name and Title: Ellen P Kleinschmidt Vice Presiden  
Address: 3817 Cardenal Ave  
Ruskin, FL 33573

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Kathleen Straub Vice President  
Address: 2056 Sifield Greens Way  
Sun City Center, FL 33573

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: Lewis D Resseguie  
Address: 2203 North Creek Court  
Sun City Center, FL 33573

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lewis D Resseguie  
Address: 2203 North Creek Court  
Sun City Center, FL 33573

*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/Registered Agent

04/26/2012  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

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

04/26/2012  
\_\_\_\_\_  
Date

FILED  
12 APR 30 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA