

PI200103632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300242902873

12/26/12--01034--006 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 26 AM 11:14

gs 12/27/12

## COVER LETTER

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

SUBJECT: Christopher William 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: Christopher Carson  
Name (Printed or typed)

416 N. Pine Meadow Dr.  
Address

DeBary, FL 32713  
City, State & Zip

(407) 407-474-4453  
Daytime Telephone number

dtwcarson@aol.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 26 AM 11:14

**ARTICLE I NAME**

The name of the corporation shall be: Christopher William Productions Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4116 North Pine Meadow Dr.  
DeBary, FL 32713

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To coordinate special events.

**ARTICLE IV SHARES**

The number of shares of stock is: 750 shares

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

Name and Title: Christopher Carson; President  
Address: 4116 North Pine Meadow Drive  
DeBary, FL 32713

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

Name and Title: Amy Von Kadlich; Vice President  
Address: 48 Boulder Drive  
Belmont, NH 03220

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

Name and Title: Marcia Carson; Secretary/Treasurer  
Address: 4116 North Pine Meadow Drive  
DeBary, FL 32713

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: Christopher Carson  
Address: 4116 North Pine Meadow Dr.  
DeBary, FL 32713

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christopher Carson  
Address: 4116 North Pine Meadow Dr.  
DeBary, FL 32713

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

Christopher Carson

Required Signature/Registered Agent

12/20/2012  
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.

Christopher Carson

Required Signature/Incorporator

12/20/2012  
Date