

P15000064624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

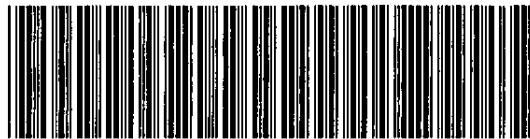
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/16/15--01014--007 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 30 PM 1:35

COVER LETTER

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

SUBJECT: Christmas Tree Scene, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Crysandra E. Scott
Name (Printed or typed)

11727 Lynn Brook Circle
Address

Seffner, FL 33584
City, State & Zip

860-660-6396
Daytime Telephone number

unitedpraisemng@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)

ARTICLE I NAME

The name of the corporation shall be: Christmas Tree Scene, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Crysandra E. Scott

2335 Gibbons Street
Bartow, FL 33830

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of product; "The Christmas Tree Scene"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Crysandra Scott /Pres. CEO

Name and Title: Elena Porter/Creative Supervisor

Address 11727 Lynn Brook Circle
Seftner, FL 33584

Address: 2335 Gibbons St.
Bartow, FL 33830

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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15 JUL 30 PM 1:35

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: Crysandra E. Scott
Address: 11727 Lynn Brook Cir.
Seffner, FL 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Crysandra E. Scott
Address: 11727 Lynn Brook Cir.
Seffner, FL 33584

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Crysandra E. Scott
Required Signature/Registered Agent

7/14/15
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.

Crysandra E. Scott
Required Signature/Incorporator

7/14/15
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2015

CRY SANDRA E. SCOTT
11727 LYNN BROOK CIRCLE
SEFFNER, FL 33584

RECEIVED JUL 30 2015

SUBJECT: CHRISTMAS TREE SCENE INC.
Ref. Number: W15000048793

We have received your document for CHRISTMAS TREE SCENE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

CCR You must list at least one incorporator with a complete business street address. *Completed*

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 115A00015227

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