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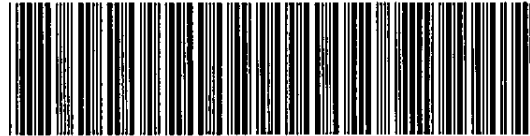
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 1 2015

COVER LETTER

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

SUBJECT: CHESTNUT LANE ENTERPRISES, 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
 Status
ADDITIONAL COPY REQUIRED

FROM: BAXTER, DANSEREAU & ASSOCIATES, LLP
Name (Printed or typed)

207 QUAKER LANE STE. 203
Address

WEST WARWICK, RI 02893
City, State & Zip

401-615-0880
Daytime Telephone number

billy@bdmycpa.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: CHESTNUT LANE ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5044 SOUTH ASTOR CIRCLE
DELRAY BEACH, FL 33484

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REBECCA CHESTNUT, PRES Name and Title: REBECCA CHESTNUT, VP

Address 5044 SOUTH ASTOR CIRCLE Address: (SAME AS PRES)
DELRAY BEACH, FL 33484

Name and Title: REBECCA CHESTNUT, TREA Name and Title: REBECCA CHESTNUT, SEC.

Address (SAME AS ABOVE) Address: (SAME AS ABOVE)

Name and Title: REBECCA CHESTNUT, DIR Name and Title: _____

Address (SAME AS ABOVE) Address: _____

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2016 AUG 23 PM 12:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: WILLIAM BAXTER, CPA

Address: 5044 SOUTH ASTOR CIRCLE
DELRAY BEACH, FL 33484

ARTICLE VII INCORPORATOR

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

Name: WILLIAM BAXTER, CPA

Address: 207 QUAKER LANE #203
WEST WARWICK, RI 02893

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

Required Signature/Registered Agent

8-18-15
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.

Required Signature/Incorporator

8-18-15
Date