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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SCREAMING TREE INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
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12/10/2015 11:11 AM

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Corporate Filing Menu

Help

415000291753

COVER LETTER

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

SUBJECT: Screaming Tree 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: Samuel Anthony Enzinna.

Name (Printed or typed)

5325 NE 6th Ave.

Address

Oakland Park, Florida 33334

City, State & Zip

954-240-7980

Daytime Telephone number

fjacki@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: Screaming Tree Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5325 NE 6th Ave.

Oakland Park, Fl. 33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all
lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel Enzinna- Owner

Name and Title: _____

Address 5325 ne 6th ave
Oakland Park, FL 33334

Address: _____

Name and Title: Ryan Grees- Owner

Name and Title: _____

Address 1775 nw 39th st
Oakland Park, FL 33309

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Samuel Enzinna
Address: 5325 NE 6th Ave
Oakland Park, FL 33334

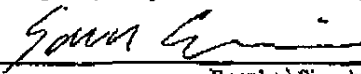
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samuel Enzinna
Address: 5325 NE 6th Ave
Oakland Park, FL 33334

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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

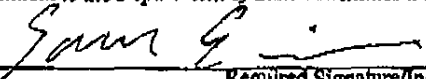


Required Signature/Registered Agent

12/07/2015

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

12/07/2015

Date

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