

PO9000050016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

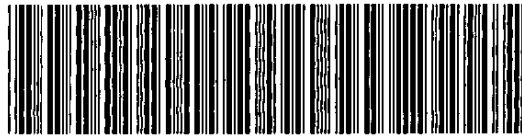
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/09--01013--010 **70.00

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09 JUN - 8 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Crin, 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: Ivan Cerda
Name (Printed or typed)

861 Twin Lakes Dr.
Address

Clewiston, FL 33440
City, State & Zip

863-599-1944
Daytime Telephone number

icer03@hotmail.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: *Crin, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
404 W Sugarland Cir. P.O. Box 3456
Clewiston, FL 33440 Clewiston, FL 33440

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide event and party planning services for our and surrounding communities.

ARTICLE IV SHARES

The number of shares of stock is:
2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Ivan Cerda P.O. Box 2023 Clewiston, FL 33440
Nora H. Ramirez P.O. Box 2731 Clewiston, FL 33440

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Ivan Cerda
861 Twin Lakes Dr.
Clewiston, FL 33440

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Ivan Cerda
861 Twin Lakes Dr.
Clewiston, FL 33440

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

[Signature]

Signature/Registered Agent

6/5/09

Date

[Signature]

Signature/Incorporator

6/5/09

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA