

P21000013792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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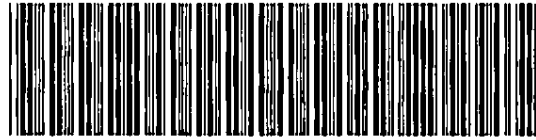
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV -2 PM 4:37

COVER LETTER

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

SUBJECT: CC's Creative Strategies, 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: Cerissa Rushlow
Name (Printed or typed)

4422 SE 1st Pl
Address

Cape Coral, FL 33904
City, State & Zip

239-898-2795
Daytime Telephone number

rushlowicerissa@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

October 20, 2020

FILED
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Department of State
Division of Corporations

Clifton Building
2661 Executive Center Drive
Tallahassee, FL 32301

Reference: CC's Creative Strategies, Inc.

Florida Document Number: P18000024232

Dear Department:

It has come to our attention that our corporation CC's Creative Strategies, Inc. was dissolved administratively.

At this time I would like to release our document number P18000024232 as the authorized president of this corporation

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely,


Cerissa Rushlow, President

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: CC's Creative Strategies, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4422 SE 1st Pl
Cape Coral, FL 33904
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all Lawful Business.

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ARTICLE IV SHARES
The number of shares of stock is: 100 Shares @ 1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Cerissa Rushlow, President</u>	Name and Title:	_____
Address	<u>4422 SE 1st Pl</u> <u>Cape Coral, FL 33904</u>	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

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: Ronald St. Clair, CPA

Address: 615 Cape Coral Pkwy W., Suite 106

Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cerissa Rushlow

Address: 4422 SE 1st Pl

Cape Coral, FL 33904

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 days prior or 90 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

Ronald St. Clair

Required Signature/Registered Agent

10/23/2020

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.

Cerissa Rushlow

Required Signature/Incorporator

10/23/2020

Date