

3/28/2018

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

School Sink, Inc.

Certificate of Status	1
Certified Copy	0
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: SCHOOL SINK, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:
295 NW Commons Loop

Mailing address, if different is:

Suite 115-317Lake City, FL 32055**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively for educational, literary and scientific purposes within the
meaning of Section 501(c)(3) of the Internal Revenue Code as heretofore adopted or hereafter amended (or the corresponding
provision of any future United States Internal Revenue Code), including protecting natural, scenic, or open space values of real
property, assuring its availability for agricultural, forest, recreational, or open space use, protecting natural resources, maintaining
or enhancing air or water quality, or preserving sites or properties of historical, architectural, archaeological, or cultural
significance within the meaning of §704.06(3), Florida Statutes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: at annual meetings**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____ Name and Title: _____

Address: _____ 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: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe ~~name and Florida street address~~ (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporate Creations Network Inc.

Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATORThe ~~name and address~~ of the incorporator is:

Name: Corporate Creations International Inc.

Address: 11380 Prosperity Farms Road #221 E

Palm Beach Gardens, FL 33410

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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Robert Gomez, Special Secretary

Required Signature of Registered Agent

3/27/2018

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

3/27/2018

Date

Corporate Creations International, Inc. - Incorporator

by: Robert Gomez, Attorney-in-Fact