

W2000003444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

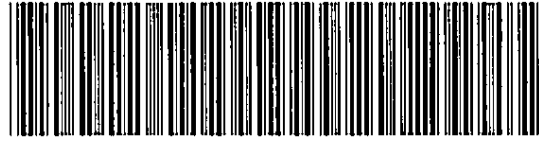
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/16/20--01021--012 \*\*\$7.50

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

**SUBJECT:** CREATE Community Development Corporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Rose Angela Rudd  
Name (Printed or typed)

600 Starkey Rd Apt.801  
Address

Largo Fl 33771  
City, State & Zip

727-637-7395  
Daytime Telephone number

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

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

**ARTICLE I NAME**

The name of the corporation shall be: CREATE Community Development Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
600 Starkey Rd #

Mailing address, if different is:

Largo Fl 33771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: said organization is organized exclusively for charitable, religious, educational and scientific purposes. The making of distributions to organizations that qualify as exempt organizations under section 501(c)3 of the Internal Revenue Code, or corresponding of any future tax code.

see additional amendment on attachment:

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as stated in by-laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Rose Angela Rudd CEO</u>	Name and Title:	_____
Address	<u>600 Starkey Rd Apt 801</u>	Address:	_____
	<u>Largo Florida 33771</u>		_____

Name and Title:	<u>Malika McCluster President</u>	Name and Title:	_____
Address	<u>600 Starkey Rd Apt 801</u>	Address:	_____
	<u>Largo Florida 33771</u>		_____

Name and Title:	<u>Dolores McClendon Vice-President</u>	Name and Title:	_____
Address	<u>13306 Whispering Palms Pl SW</u>	Address:	_____
	<u>Largo Fl 34774</u>		_____

Clearwater Fl 33756

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: Rose Angela Rudd

Address: 600 Starkey Rd # 801

Largo Fl 33771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rose Angela Rudd

Address: 600 Starkey Rd # 801

Largo Fl 33771

**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:*

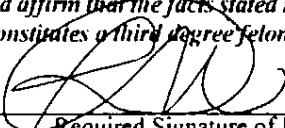


\_\_\_\_\_  
Required Signature of Registered Agent

03/13/2020

\_\_\_\_\_  
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

03/13/2020

\_\_\_\_\_  
Date

# COVER LETTER

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Division of Corporations  
P. O. Box 6327  
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\_\_\_\_\_  
Daytime Telephone number

roseangelarudd@gmail.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 617, F.S., (Not for Profit)

**ARTICLE I NAME** CREATE Community Development Corporation  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
600 Starkey Rd #	_____
Largo Fl 33771	_____
_____	_____
_____	_____

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\_\_\_\_\_  
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Name and Title: <u>Dolores McClendon Vice-President</u>	Name and Title: _____
Address: <u>13306 Whispering Palms Pl SW</u>	Address: _____
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