

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:

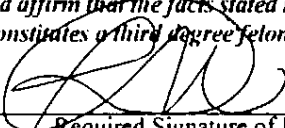


Required Signature of Registered Agent

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

Department of State
Division of Corporations
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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.

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

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<u>Largo Fl 33771</u>	<u></u>
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