

PO0000038490

Requester's Name

Carl McGinnis  
5125 School Rd.  
New Port Richey, FL 34653

City/State/Zip

Phone #

000003201440--9  
-04/10/00--01103--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

**EFFECTIVE DATE**  
4-1-00

- |                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait    | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**FILED**  
APR 10 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

EFFECTIVE DATE

4-1-00

(Do not write in this space)

ARTICLES OF INCORPORATION  
FOR DOMESTIC PROFIT

Pursuant to the provisions of the Codes of Corporations for the State of FLORIDA, the undersigned as the duly authorized and acting, Chief Executive Officer, President, Secretary, Treasurer, Superintendent or Registered Agent in the State of FLORIDA, of the corporation named below for which this statement is submitted, under oath hereby state:

ARTICLE I

The name of the corporation shall be: CREATIVE ADVENTURES ,Inc.

FILED  
00 APR 10 AM 8:56  
SECRETARY OF STATE  
TALAHASSEE FLORIDA

ARTICLE II

The name and street address of the Registered Agent is:

CARL E. MCGINNIS	384-56-2014	5125 SCHOOL ROAD	NEW PORT RICHEY FL	34653-	(727) 815-8070
Name	SS#	Street	City	State ZipCode	Telephone

The Registered Agent is appointed by: CARL E. MCGINNIS, PRESIDENT

Name and Title of Officer of Corporation

ARTICLE III

The principle place of business of this corporation shall be:

5125 SCHOOL ROAD		NEW PORT RICHEY	FL	34653-
Street	Apt #	City	State	ZipCode

The mailing address of this corporation shall be:

5125 SCHOOL ROAD		NEW PORT RICHEY	FL	34653-
Street	Apt #	City	State	ZipCode

The County in which the principle place of business of this corporation is located in is: PASCO

#### ARTICLE IV

Indicate type of Corporation

(CHECK ONE)

<input checked="" type="checkbox"/> BUSINESS STOCK	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> PROFESSIONAL
<input type="checkbox"/> BUSINESS NONSTOCK	<input type="checkbox"/> PUBLIC BENEFIT	<input type="checkbox"/> INSURANCE
<input type="checkbox"/> BUSINESS STATUTORY CLOSE	<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> RELIGIOUS

#### ARTICLE V

The purpose for which this corporation is organized shall be:

PROVIDE TRAINING FOR THE DEVELOPEMENTALLY DISABLED AND ANY OTHER LEGAL PURPOSE.

#### ARTICLE VI

The starting date of the corporation shall be: 04/01/00

The Fiscal year of the corporation shall end on the last day of the month of December

#### ARTICLE VII

Is the corporation to exist perpetually? ☒ Yes ☐ No

Tax Closing Date if known: 12/31/00

#### ARTICLE VIII

The aggregated number of shares which the corporation is authorized to issue is: \$100

The corporation will not commence business until consideration of the value of at least One Thousand Dollars (\$1 00 .00) consisting of money, labor done or property has been actually recieved for the issuance of shares.

The names of all shareholders, and the # of shares of stock that this corporation is authorized to have outstanding at any one time is:

NAME	CLASS	PAR VALUE PER SHARE	NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES PROPOSED TO BE ISSUED	CONSIDERATION TO BE RECEIVED THEREFOR
CARL E. MCGINNIS	COMMON	1.00	1000	100	CASH

State any designations, powers, preferences, rights, qualifications, limitations, or restrictions applicable to any class of stock or any special grant of authority to be given to the board of directors:

NO LIMITS OR RESTRICTIONS ON THE COMMON STOCK

State provisions limiting or denying to shareholders the Preemptive Right to acquire additional shares of the Corporation. (If none so state)

NO LIMITS

Meeting of the shareholders shall X shall not be held outside the state of FLORIDA

#### ARTICLE IX

The number of Directors or Officers constituting the initial Board of Directors of the corporation is 1

The names and street addresses of the members of the Board of Directors, or Officers of the Corporation are:

NAME	TITLE	NUMBER AND STREET	CITY	STATE	ZIPCODE
CARL E. MCGINNIS	PRESIDENT	5125 SCHOOL ROAD	NEW PORT RICHEY	FL	34653-

The Board of Directors or Officers of the Corporation is authorized to increase or decrease the number of Directors or Officers. If so authorized the minimum number, if any, shall be 1 Directors or Officers, and the maximum number, if any, shall be 7 Directors or Officers.

The initial Board of Directors shall serve as Directors until the First Annual Meeting of the Shareholders or until their successors are duly elected and qualified as provided in the By-Laws.

All powers and authority of the corporation shall be vested in and may be exercised by the Board of Directors except as otherwise provided by law, these Articles of Incorporation, or the By-Laws of the Corporation.

## ARTICLE X

The name, social security number and street addresses of the incorporator(s) to these Articles of Incorporation are:

NAME	SS #	NUMBER AND STREET	CITY	STATE	ZIPCODE
CARL E. MCGINNIS	384-56-2014	5125 SCHOOL ROAD	NEW PORT RICHEY	FL	34653-

The name and address of any foreign or alien affliant(if none so state)

NAME	NUMBER AND STREET	CITY	STATE	ZIPCODE
NONE				

State the provisions for the regulation of the internal affairs of the corporation.  
AFFAIRS OF THE CORPORATION WILL BE REGULATED BY THE BOARD OF DIRECTORS IN CONFORMANCE  
WITH THE LAW.

Will the corporation have members? ☒ Yes ☐ No

## ARTICLE XI

The value of assets of the corporation are as follows: \$100.00  
The liabilities thereof are \$100.00. The assets and liabilities indicated are as of a date within six months prior to filing these Articles of Incorporation.  
The maximum amount of capital such corporation intends to invest in the state at any time during the current Fiscal Year is \$100.00  
The distribution of assets on Dissolution or Final Liquidation will be as follows:  
BASED ON SHARE HOLDER PER CENTAGE.

## STATEMENT OF STANDARD INDUSTRIAL CODE (SIC)

The Standard Industrial Code(s) (SIC) which most closely describe the initial activities of the corporation are:

PRIMARY 9999 SECONDARY 9999 OTHER 9999

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 7 day of April, 2000.

Carl E. Schaub  
Name

President  
Title

Name

Title

Name

Title

(CORPORATE SEAL)

On the date above written, \_\_\_\_\_, signed these Articles of Incorporation in our presence, and at his/her/their request we now sign these Articles of Incorporation as witnesses in each other's presence.

WITNESS: John Robert

WITNESS: \_\_\_\_\_

State of FLORIDA

County of PASCO

Before me, a notary public in and for said county and state, personally appeared Carl E. Schaub who are known to me to be the same persons who executed the foregoing Articles of Incorporation and duly acknowledged the execution of the same, as well as John Robert and \_\_\_\_\_ who witnessed the signing of the foregoing Articles of Incorporation. In witness whereof, I have hereunto subscribed my name and affixed my official seal, this 7<sup>th</sup> day of April, A.D. 2000.

(notary seal)

Maryann E. Schaub  
Notary Public

Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



Maryann E. Schaub  
Commission # CC 918160  
Expires April 19, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

This Document was prepared By: \_\_\_\_\_

**THE ACCOUNTING OFFICE**

Name

**5580 PARK BLVD. #5**

**PINELLAS PARK, FL 33781**

Address

City

State

Zip Code

FILED  
00 APR 10 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF THE STATUTES FOR THE STATE OF FLORIDA, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,  
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT,  
IN THE STATE OF FLORIDA.

1. The name of the corporation is: CREATIVE ADVENTURES, Inc.

2. The name and address of the registered agent and office is:

CARL E. MCGINNIS

5125 SCHOOL ROAD

NEW PORT RICHEY, FL 34653-

Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this certificate. I hereby accept the  
appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relating to the proper and complete  
performance of my duties, and I am familiar with and accept the obligations of my  
position as registered agent.

Carl E. McGinnis  
Signature

4-7-2000  
Date

State of FLORIDA

County of PASCO

Before me, a notary public in and for said county and state, personally appeared  
who are known to me to be the same person who executed the Certificate of Designation of Registered  
Agent/Registered Office are duly acknowledged the execution of the same. In witness whereof, I have hereunto  
subscribed my name and affixed my official seal, this 7<sup>th</sup> day of April, A.D. 2000.

(notary seal)

Maryann E. Schaub  
Notary Public

Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires \_\_\_\_\_



Maryann E. Schaub  
Commission # CC 918160  
Expires April 19, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.