

P03000034366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

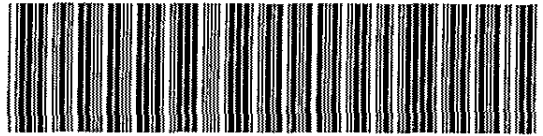
(Business Entity Name)

(Document Number)

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03 MAR 26 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W037461

3-26-03
AP

TRANSMITTAL LETTER

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

SUBJECT: KUSTOM CREATIONS, INC.
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

CONNIE GEISINGER
Name (Printed or typed)

P.O. Box 81362
Address

BOCA RATON, FL 33481
City, State & Zip

(561) 213-0220
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

03 MAR 26 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 14, 2003

CONNIE GEISINGER
P O BOX 811362
BOCA RATON, FL 33481

SUBJECT: KUSTOM CREATIONS, INC.
Ref. Number: W03000007461

We have received your document for KUSTOM CREATIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) ART. VI, VII..

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

Donna Graves
Document Specialist
New Filings Section

Letter Number: 203A00016209

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
03 MAR 26 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **KUSTOM CREATIONS, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **P.O. Box 811362
BOCA RATON, FL 33481**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

N/A

ARTICLE IV SHARES

The number of shares of stock is: **500**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**CONNIE GEISINGER
8153 MONTEREY CIR.
DELRAY BEACH, FL 33484**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**CONNIE GEISINGER
8153 MONTEREY CIR.
DELRAY, BEACH, FL 33484**

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

Connie Geisinger
Signature/Registered Agent

3/11/03
Date

Connie Geisinger
Signature/Incorporator

3/11/03
Date