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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Consideration to Filling Officer
Special Instructions to Filing Officer:
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#### TRANSMITTAL LETTER

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

SUBJECT: CREPTIVE COMMUNITY SOLUTIONS, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	I: AUSON A. HEWITT  Name (Printed or typed)				
POST OFFICE BOX 310071  Address					
	TAMPA, FLORIDA 33680  City, State & Zip				
	813/248 · 788	C elephone number			

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



#### ARTICLES OF INCORPORATION

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

ARTICLE I	NAME
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The name of the corporation shall be:

CREATIVE COMMUNITY SOLUTIONS, INC

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO BOX 310071

TAMPATEL 33680

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE CONSULTING SERVICES TO CORPORATE ENTITIES AND FEDERAL, STATE
AND LOCAL GOVERNMENT AGENCIES TO HELP FACILITATE ECONOMIC DEVELOPMENT CAPACITY BUILDING . REVITALIZATION IN HISTORICALLY UNDERSERVED COMMUNITIES.

#### ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE	V	INITIAL C	FFICERS .	AND/OR	DIRECTORS

List name(s), address(es) and specific title(s):

ALISON A. HEWITT

PHOTOFFICE BOX 310071

TAMPA, FL 33680

PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

ALISON A. HEWIT POST OFFICE BOX 310021 3610 E, MIKBIND.

TAMPA, FL 336/0

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALISON A. HEWITT

POST OFFICE BOX 31007

TAMPA, FL 33680

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

Signature/Incorporator