

PO40000722-81

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

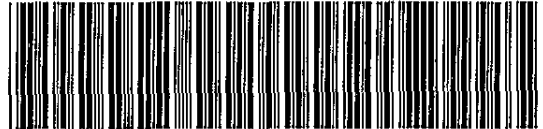
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TSOSBY/04

TRANSMITTAL LETTER

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

SUBJECT: Creative Team Services Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sharon Thessin
Name (Printed or typed)

223 Heartland Blvd
Address

Mulberry FL 33860
City, State & Zip

863-709-0035
Daytime Telephone 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

The name of the corporation shall be: Creative Team Services, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 417 Greenfield Road, Winter Haven, Florida 33884.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide management, compliance, and consultative services to charter schools and nonprofit organizations.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Sharon B. Thessin, President
223 Heartland Blvd
Mulberry, FL 33860

Charles D. Mullenax, Secretary/Treasurer
417 Greenfield Road
Winter Haven, FL 33884

ARTICLE VI REGISTERED AGENT

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

Charles D. Mullenax
417 Greenfield Road
Winter Haven, FL 33884

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

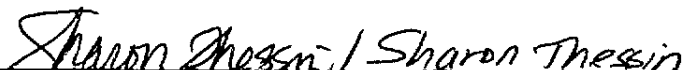
Sharon B. Thessin
223 Heartland Blvd
Mulberry, FL 33860

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/Registered Agent


Date


Signature/Incorporator


Date