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(Requ	restor's Name)
(Address)	
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PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer:





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OR Was

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

SECRETARY OF STATE TALLAHASSFE, FLORIDA 04 JUN 10 PM 1: 27

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 Vibes, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1182-75 ADAMS TALL, FL 32381

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SIA AND WAIKER CEO SHOMARKA KEITA VICE NIANI TONEY SHAREHOWER

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

STAANN WALKER 3713-A Ruckbrok TAU, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

STrole 3Vach

Signature/Incorporator

6/10/84 Date