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J. Shivers AUG 22 2005

1405-38113

## TRANSMITTAL LETTER

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

SUBJECT: STAR DUST 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  
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: MARCIA BROWN  
Name (Printed or typed)

9410 NW 18 ST Pembroke P.  
Address

Pine FL 33024  
City, State & Zip

954-450-3771  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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:

*Cross Creek inc*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*9410 NW 18 ST  
Pembroke Pines FL 33024*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Investment*

## 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):

*Marcia Brown (Pres)  
9410 NW 18 ST  
Pembroke Pines FL 33024*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*9410 NW 18 ST Marcia Brown  
Pembroke Pines FL 33024*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Marcia Brown  
9410 NW 18 ST Pembroke  
Pines FL 33024*

\*\*\*\*\*  
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

*Marcia Brown*

Signature/Registered Agent

*Marcia Brown*

Signature/Incorporator

*8/8/2005*

Date

*8/8/2005*

Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA