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(Re	equestor's Name)		
(Ac	idress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone #	ค	
ÇO.	pourezpri nene n	,	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Name)	
(DC	cument Number)		
Certified Coples	_ Certificates o	f Status	
			
Special Instructions to Filing Officer:			
		-	
<u> </u>			

Office Use Only

D. WHITE MAR 28 2006



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03/27/06--01005--024 **/8.75

COVER LETTER

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

SUBJECT: Dry Creek Finishing, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TENAME – <u>MUST INCL</u>	<u>ude suffix</u>)	
Enclosed are an orig	inal and one (1) copy of the arti-	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	Shiree Ind	Tram Printed or typed)		
101 Forest Lakes Blud, #103				
-	Naples, FL City,	34105 State & Zip		
239-207-0775— Daytime Telephone number				

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

	•
ARTICLES OF INCORPORATION	FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	06 MAR 27 AM 9: 37
The name of the corporation shall be:	SEURETARY OF STATE
•	TALLAHASSEE, FLORIDA
Dry Creek Finishing, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
101 forest Lakes Blud., *103 Naples, FL 34105	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Conduct business as an artist and fac	ux Iinisher
ARTICLE IV SHARES The number of shares of stock is:	
500	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s) address(es) and specific title(s):	
Shirie Ingram (President, Vice President, Se	cretaryel Treasures
101 Forest Lakes Blud, #103	
Naples, FL 34105	
, , , , , , , , , , , , , , , , , , ,	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regi	istered agent is:
Shiree Ingram	
101 Forest Lakes Blud, #103	
Naples, FL 34105	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Shire Ingram	
101 Forest Lakes Blud, #103	
Mapes, FL 34105	-
**********************	******
Having been named as registered agent to accept service of process for the above stated co- certificate, I am familiar with and accept the appointment as registered agent and agree to a	
Mirie Smaram	3-26.06 Date
Signature/Registered Agent	Date
Therie knonam	3.20-06
Signature/Incorporator	Date