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| (Business Entity Name)                  |  |  |  |
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| (Document Number)                       |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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## **COVER LETTER**

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

| SUBJECT:             |                  | onnections, Inc   |  |
|----------------------|------------------|---|--|
| Enclosed are an orig | (PROPOSED CORPOR | ATE NAME - MUST INCI                                      |  |
| \$70.00              |                  | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO        | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM:                |                  | E. Matthew (Printed or typed)  Cypress Por Address        |  |
| ·                    | 720              | Harbor, FL, State & Zip  7 - 638 - 0648  Telephone number | 34683  |

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2008

LINDSEY E MATTHEWS 2407 CYPRESS POND RD PALM HARBOR, FL 34683

SUBJECT: CREATIVE CONNECTIONS, INC.

Ref. Number: W08000055685

We have received your document for CREATIVE CONNECTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford Clerk New Filing Section

Letter Number: 208A00060544

| 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 Connections, Inc.   |
| ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:   |
| 37 2407 Cypress Pond Rd, Pain Harbor, FL 34683   |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  |
| In dependent Contractor  |
| Grant writing Government proposal writing services wet her 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):   |
| Lindsey Matthews, Owner<br>2400 Cypress Pond Rd<br>Palm Harbor, Fl 34683   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:   |
| IJULAN MUSTAFA, P.A. 1332 HAZAJA WAY   |
| ARTICLE VII INCORPORATOR   |
| The <u>name and address</u> of the Incorporator is:  |
| Lindsey Matthews<br>2401 Cypress PondRd  |
| Palm Harbor, FC 34683  |
| 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 |
| 12/10/08   |
| Signature/Registered Agent Date  |

Signature/Incorporator

12/10/2008 Date