

P10000016279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-23-10 43

## COVER LETTER

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

**SUBJECT:** CCR REPORTING, 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:** CCR REPORTING, INC.

Name (Printed or typed)

1479 Amaryllis Circle

Address

Orlando, FL 32825

City, State & Zip

321-946-2699

Daytime Telephone number

ccr877@yahoo.com

E-mail address: (to be used for future annual report notification)

**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:

CCR Reporting, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1479 AMARYLLIS Circle, Orlando, FL 32825

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit business offering court reporting services.

## ARTICLE IV SHARES

The number of shares of stock is:

100 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Clarissa Rivera - President  
1479 Amaryllis Cr  
Orlando, FL 32825

## ARTICLE VI REGISTERED AGENT

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

Clarissa Rivera  
1479 Amaryllis Cr  
Orlando, FL 32825

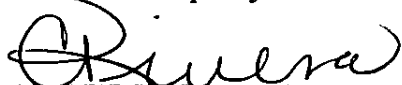
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

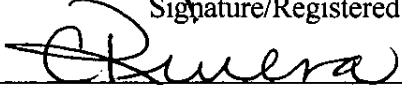
Clarissa Rivera  
1479 Amaryllis Cr.  
Orlando FL 32825

\*\*\*\*\*

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



Signature/Incorporator

2/17/10

Date

2/17/10

Date

FILED  
10 FEB 22 PM 4:26  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA