

P10000016279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

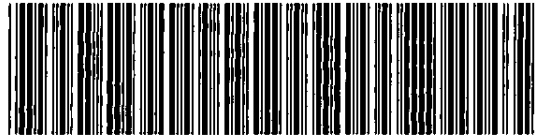
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100168441761

02/22/10--01019--018 \*\*78.75

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

2-23-10 9

## 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

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

\*\*\*\*\*  
*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*

Rivera  
Signature/Registered Agent

2/17/10  
Date

Rivera  
Signature/Incorporator

2/17/10  
Date