Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

from:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone: (305)634-3694

Max Number

: (305)633-9696

Enter the email address for this business entity to be used for mature annual report mailings. Enter only one email address please.

Email	Address:	:			

FLORIDA PROFIT/NON PROFIT CORPORATION COPPER CREEK INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

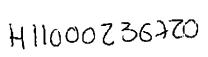
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Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II			
	Principal street address	Mailing address, if	different is:
5	5884 MICHAUX STREET	SAME	
Ē	BOCA RATON, FL 33433		
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
	L LAWFUL BUSINESS		<u>~</u> 33€
7011 1012 712			EAR SEA
			全部 号
			AS No
			ည်ည်း ဧာ
			m
ARTICLE IV	SHARES		3
The number of shar	res of stock is: 1,000		15 A
ARTICLE V		<u>drs</u>	
	tle:P-DANIEL CONTOGIANNIS	Name and Title:	
Address:	3296 N.W. 62ND STREET	Address:	
	BOCA RATON FL 33496		
M 1 77	WALLS SANIEL SIASIOTACISA	NT emt	
	tic:VP- DANIEL DICRISTOFARO	- h s	
Address:	5884 MICHAUX STREET	\(\frac{1}{2}\)	
	BOCA RATON, FL 33433	i ' ''	
	·	-	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
		· · · · · · · · · · · · · · · · · · ·	
	REGISTERED AGENT		
The <u>name and Flor</u>	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	DANIEL DICRISTOFARO		
Address:	5884 MICHAUX STREET		
	BOCA RATON, EL 33433	<u> </u>	
ADTICI E III	INCORPORATOR	!	
	ress of the Incorporator is:		
Name:	DANIEL DICRISTOFARO		
Address:	5884 MICHAUX STREET	- !	
Tidal Cab.	BOCA RATON, FL 33433		
	TOWN DATASET ANTION		
Having been name.	d as registered agent to accept service of proce	ess for the above stated corporation at	the place designated in
this certificate. I am	familiar with and accept the appointment as re	wistered agent and agree to act in this c	anucitv
Simon of	¬0/		
المستعلات ا	-24-	09-2	8-2011
	Required Signature/Registered Agent	00-2	
	reduce pigname registers whell		Date
i submit this docum	nent and affirm that the facts stated herein a	re true. I am aware that the folse infin	rmation submitted in a
document to the De	partment of State constitutes a third degree felo	ny as provided for in s.817.155, F.S.	
	n		
James		no_	28-2011
	Required Signature/Incorporator		Date
			, , , , , , , , , , , , , , , , , , ,
		1 1114 - 4) ~ / \7 / .

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