

P11000104794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

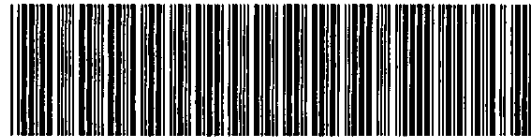
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Certificates of Status \_\_\_\_\_

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2011 DEC -8 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 9 2011

## COVER LETTER

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

SUBJECT: CUSP CREATIVES. 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: DANIEL POSNACK

Name (Printed or typed)

P.O. BOX 261, 105 S. FLORIDA AVENUE

Address

HOWEY IN THE HILLS, FL 34737

City, State & Zip

352-551-0359

Daytime Telephone number

danposnack@gmail.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** CUSP CREATIVES INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1005 N. TANGERINE AVENUE  
HOWEY IN THE HILLS  
FL 34737

Mailing address, if different is:  
P.O. BOX 261  
105 S. FLORIDA AVENUE  
HOWEY IN THE HILLS, FL 34737

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
INTERNET SERVICES AND ANY OTHER LEGAL ENTERPRISE BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DANIEL POSNACK  
Address: 1005 N. TANGERINE AVENUE  
HOWEY IN THE HILLS  
FL 34737

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

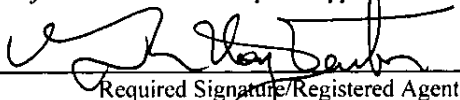
Name: NEVIL DENTON  
Address: 999 DOUGLAS AVE. STE 3316  
ALTAMONTE SPRINGS, FL 32714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

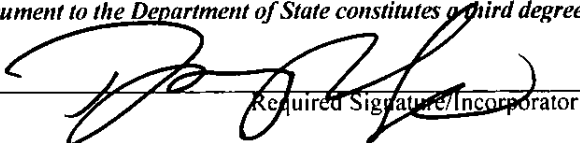
Name: DANIEL POSNACK  
Address: 105 S. FLORIDA AVENUE  
HOWEY IN THE HILLS, FL 34737

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

  
Required Signature/Registered Agent

12/05/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

12/05/2011  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA