- P20000869

(Re	questor's Name)			
(Ad	dress)	<u> </u>		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
ı				
		· 		

Office Use Only



000215634990

01/03/12--01014--013 **78.75

42 IAN -3 PH 2: 30

PS 1/4/12

COVER LETTER

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

SUBJECT: CREATIVE AUTOMOTIVE MANAGEMENT INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the art \$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROм: Victor L. Maini	e (Printed or typed)	·····
5110 Corvette Drive	Address	
Tampa, Florida	, State & Zip	
813 482 5662 Daytime	l'elephone number	······································
vmaini3@msn.com E-mail address: (to be use	ed 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)

	In compliance with Chapter 607 and/o	r Chapter 621, F.S. (Profit)		
ARTICLE I	NAME: Creative Automotive Man	agement Inc	SECRETARY DIVISION OF C	Y OF STATE ORPORATION
The name of the	corporation shall be:	ayement mo.		
ARTICLE II	PRINCIPAL OFFICE		12 JAN -3	PM 2: 30
3501112	Principal street address	Mailing add	ress, if different is:	
	5110 Corvette Drive			
	Tampa, Florida			
	33624			
ARTICLE III	PURPOSE			
	which the corporation is organized is:			
marketing a	nd direct mail promotions			
ARTICLE IV The number of st	SHARRS hares of stock is:100			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS			
	Title:Victor L. Maini President	Name and Title:		
Address:		Address:		
			· · · · · · · · · · · · · · · · · · ·	
				
Name and	Title: Victor L. Maini Secretary /Treasurer	Name and Title:		
Address:		Address:		
				
Name and	Title: Victor L. Maini Director	Name and Title:		
Address:		Address:		
				
ARTICLE VI	REGISTERED AGENT			
	Jorida street address (P.O. Box NOT acceptable) of t	he registered agent is:		
Name:	Victor L. Maini			
Address:	5110 Corvette Drive			
	Tampa, Florida 33624			
ARTICLE VII	INCORPORATOR			
	address of the Incorporator is:			
Name:	Victor L. Maini			
Address:	5110 Corvette Drive			
	Tampa, Florida 33624			
Having been no	umed as registered agent to accept service of process	for the above stated corpor	ation at the place o	designated in
this certificate, I	am familier with and accept the appointment as regis	tered agent and agree to act	in this capacity	_
1/ -	-11 11/ca. 1.			
/_\/_\/	VM MUUL		January 2, 2	2012
	Required Signature/Registered Agent		Date	1
VIC.	cument and affirm that the facts stated herein are	ense I am austre that the G	oles information «	shmitted in a
a suprint this, ac	cument and agreem that the faces stated never are t Pepartment of State constitutes a third degree felony	as provided for in 1.817.155	.F.S.	*********** *15 14
	1111011	···· grandengar on manacrasa	•	
// /			January 2,	2012
	Required Signature/Incorporator		Da Da	

Nctor L. Maini