

P12000037797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 20 AM 8:03

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W120000019291

COVER LETTER

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

SUBJECT: CRAFT COLOR 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: CRAFT COLOR INC.

Name (Printed or typed)

8942 NW 145th LANE

Address

MIAMI, FL 33018

City, State & Zip

305 445-0517

Daytime Telephone number

acupoflemonade@gmail.com

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

NOTE: Please provide the original and one copy of the articles.



RECEIVED

12 APR 20 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2012

CRAFT COLOR INC
8942 NW 145TH LN
MIAMI, FL 33018

SUBJECT: CRAFT COLOR INC.
Ref. Number: W12000019291

We have received your document for CRAFT COLOR INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 612A00011166

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: **CRAFT COLOR INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
8942 NW 145th LANE
MIAMI, FL 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
COMPUTER GRAPHIC DESIGN and any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: **100 shares as common stocks at \$1.00 per value**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEJANDRO RIVERA, PRESIDENT	Name and Title: _____
Address: 8942 NW 145th LANE	Address: _____
MIAMI, FL 33018	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

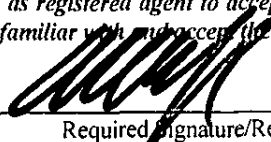
Name: **ALEJANDRO RIVERA**
Address: **8942 NW 145th LANE**
MIAMI, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ALEJANDRO RIVERA**
Address: **8942 NW 145th LANE**
MIAMI, FL 33018

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

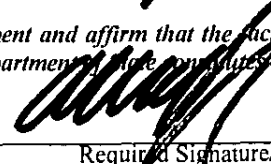


Required Signature/Registered Agent

04/16/2012

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

04/16/2012

Date

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