

P120000048811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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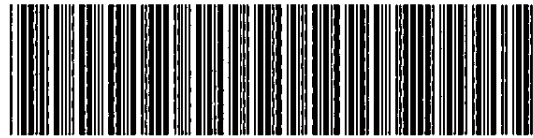
(Business Entity Name)

(Document Number)

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

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12 MAY 24 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

**SUBJECT:** Creations By Rita, 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:** Rita M. Gonzalez  
Name (Printed or typed)

4233 Promenade Blvd  
Address

Plant City, FL 33563  
City, State & Zip

231 510 1779  
Daytime Telephone number

reetflmi@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

Creations By Rita, Inc.  
The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
4233 Promenade Blvd  
Plant City, FL 33563

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12 MAY 24 PM  
Mailing address, if different is: 19

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rita M. Gonzalez - President, Secretary, Treasurer	Name and Title: _____
Address: 4233 Promenade Blvd	Address: _____
Plant City, FL 33563	_____
_____	_____

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: Rita M. Gonzalez  
Address: 4233 Promenade Blvd  
Plant City, FL 33563

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rita M. Gonzalez  
Address: 4233 Promenade Blvd  
Plant City, FL 33563

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

*Rita M. Gonzalez*

Required Signature/Registered Agent

5/22/2012  
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.

*Rita M. Gonzalez*

Required Signature/Incorporator

5/22/2012  
Date