P1200091166

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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10/12/12--01014--006 **70.00

12 OCT 29 PH 3: 05
SECRETARE GENERAL MINERAL COMMENTAL MINERAL COMMENTAL MINERAL COMMENTAL MINERAL COMMENTAL MINERAL COMMENTAL COMMENTAL

W35815

10/20/12

COVER LETTER

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

New Creations Inc.

SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
osed are an ori \$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
Dav FROM:		e (Printed or typed)	
221	S. Boyd St.		
Wir	nter Garden, FL 3		
407	7-832-2061	State & Zip	
d <u>br</u>	aland@earthlink.	Telephone number net d for future annual report n	otification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 OCT 29 AM 10: 29

SECRETARY OF STATE TALLAHASSEE FLORIDA

October 15, 2012

DAVID BRALAND 221 S BOYD ST WINTER GARDEN, FL 34787

SUBJECT: NEW CREATIONS INC Ref. Number: W12000052815

We have received your document for NEW CREATIONS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 012A00025396

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

ARTICLE I The name of the co	New Creations RTA	inc ·	
ARTICLE II	PRINCIPAL OFFICE		
,	Principal street address	Mailing ad	dress, if different is:
	221 S, Boyd St		
7	Winter Garden, Ft. 34787		
ARTICLE III			
	hich the corporation is organized is: s a Florida business corporation a	nd to conduct all busines	e transactions which are
•	•		
	ed. This corporation will also act as		
	enue Service code. It will transfer		ent of taxes, to Lion's Roa
international	Inc. of Oakland, Florida, a 501 c(3) organization.	
			\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)
ARTICLE IV			- S o
The number of share	res of stock is: 100		F 12 OCT SECREI ALLAN
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	rors	- 1 - 29 - 29
	itle:David Braland, President		
Address:	221 S. Boyd St.	Address:	
	Winter Garden, FL 34787		
Mama and Ti	itle:Bridgett Braland, Director	Name and Title:	2
Address:	223 S. Royd St	Address:	
71441650	223 S. Boyd St. Winter Garden, FL 34787		
Name and Ti	ite:Steve Alderman, Director	Name and Title:	
Address:	14317 Pine Cone Trail	Address:	
71001000.	Clement FL 34711		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	David Braland		
Address:	221 S. Boyd St.		
	Winter Garden, FL 34787		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	David Braland		
Address:	221 S. Boyd St.		
	Winter Garden, FL 34787		
	ed as registered agent to accept service of pro		
this certificate, I ar	a familiar with and accept the appointment as	registered agent and agree to act	t in this capacity
/\ //			10-15-101
('X	weg D. P Malan		10-25-12
<u> </u>	Required Signature/Registered Agent		Date
I suhmit this does	ment and affirm that the facts stated herein	are true. I am aware that the fa	alse information submitted in a
	epartment of State constitutes a third degree fe		
] 7		(*)	· · · - ·
6 la	We Waterland	4	10-25-12
	Required Signature/Incorporator		Date
		•	