

P12000096099

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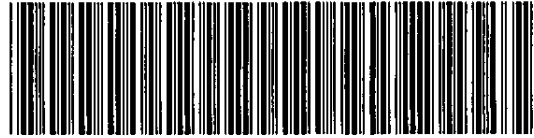
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YND 11/20

COVER LETTER

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

SUBJECT: CraftMetrics International 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: Dr. Larry L. Craft

Name (Printed or typed)

266 Gladiolus Street POBox 1117

Address

Anna Maria, Florida 34216-1117

City, State & Zip

941-405-2893

Daytime Telephone number

llcraft@aol.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

The name of the corporation shall be: CRAFT METRICS INTERNATIONAL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
266 Gladiolus Street
Anna Maria, Florida 34216

Mailing address, if different is:
P.O. Box 1117, Anna Maria Florida, 34216-1117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To develop and market preemployment tests to corporate clients for the purpose of hiring & training more productive employees.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Larry L. Craft, CEO
Address: 266 Gladiolus Street POBox 1117, Anna Maria Florida 34216-1117

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: Dr. Larry L. Craft, CEO Dr. LARRY L. CRAFT, CEO
Address: 266 Gladiolus Street POBox 1117, Anna Maria Florida 34216-1117

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

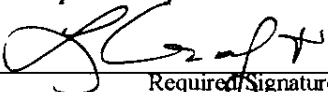
Name: Dr. Larry L. Craft, CEO
Address: 266 Gladiolus Street POBox 1117, Anna Maria FL 34216-1117

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

 Dr. LARRY L. CRAFT
Required Signature/Registered Agent

11/15/2012
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
DR. LARRY L. CRAFT

11/15/2012
Date