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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATE ACCESS, INC.
Account Number : FCA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CTC RELATIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

T. Burch MAR 13 2013

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March 12, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATE ACCESS

SUBJECT: CTC RELATIONS, INC.
REF: W13000014097

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

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

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000052877
Letter Number: 713A00005746

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

ARTICLE I NAME CTC Relations, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1974 Hogan Drive
Melbourne, FL 32935

ARTICLE III PURPOSE Recruiting/Search Firm
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Christina M. Criscione CEO	Name and Title:	_____
Address	1974 Hogan Drive	Address:	_____
	Melbourne, FL 32935		_____

Name and Title:	Chelsea Cordner Secretary	Name and Title:	_____
Address	2328 Naples	Address:	_____
	Newport Beach, 92660		_____

Name and Title:	Ivan P. Cohen Director	Name and Title:	_____
Address	19 Gingerwood	Address:	_____
	Irvine, CA 92603		_____

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SECRETARY OF STATE
TALLAHASSEE, FL

(cont.)

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: MIRIAM S. CRISCIONE
Address: 1974 HOGAN DR.
MELBOURNE, FL. 32935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christina M. Criscione
Address: 1974 Hogan Drive
Melbourne, FL 32935

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.

Miriam S. Criscione
Required Signature Registered Agent

Feb 22, 2013
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.

Christina M. Criscione
Required Signature Incorporator

Feb 22, 2013
Date

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