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(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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

_{subject:} Cre	ative Grit Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an origi	nal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: M	arc Harmon	e (Printed or typed)	
29	6 Tavestock L		
W	inter Springs, I	Address FL 32708 State & Zip	
40	7-928-7640	State & Zip	

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

marcharmon@hotmail.com

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

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

The name of the corporat	Creative Grit Inc	•	
ARTICLE II PRINCIPAL OFFICE Principal street address 296 Tavestock Loop		Mailing address, if different is:	
	gs, FL 32708		
	POSE he corporation is organized is: Cative services.	n services, products, and edu	cation related to photography
ARTICLE IV SHA			TALLANDER TO THE STATE OF THE S
	r _{stock is:} 100 Tal officers and/or director Marc Harmon, Owner		AM 9: 07
Address	296 Tavestock Loop Winter Springs, FL 32708	Name and Title:	
Name and Title:		Name and Title:	
Address			
Name and Title:			
Address		Address:	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fi	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Marc Harmon	
Address:	296 Tavestock Loop	
	Winter Springs, FL 32708	-
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	Marc Harmon	9: 07 SINTE
Address:	296 Tavestock Loop	<i>></i>
	Winter Springs, FL 32708	-
	am familiar with and accept the appointment as reg	
/Vh	Required Signature/Registered Agent	<u>1/6/14</u>
	/ Required Signature/Registered Agent	Date
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
aocument to the	Department of State constitutes a third degree felon	ny as provided for in \$.817.133, F.S. 1/6/14
10h/	Required Signature/Incorporator	Date
•	,	