

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	<b>■</b> WAIT	MAIL
<b>(</b> Bu	isiness Entity Nam	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

## **COVER LETTER**

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

## SUBJECT: Creative Choice Investments Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

=			
Filing Fee Fili	\$78.75 ng Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
		ADDITIONAL CO	OPY REQUIRED

FROM:	Greg Mulvihill
	Name (Printed or typed)
	2392 Oak Bend Drive Apt 1211
	Address
	Palm Harbor, Florida 34683
	City, State & Zip
	813-528-2606
	Daytime Telephone number
	tgmemc@yahoo.com  E-mail address: (to be used for future annual report notification)
	E-man address. (to be used for future annual report normeation)

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)

The name of the corpor	ME Creative Choice	Investme	nts Inc		
ARTICLE II PRINCIPAL OFFICE Principal street address 1661 Rainbow Drive			Mailing address, if different is:		
Clearwater,	Florida 33755-6438	Palm	Palm Harbor, Florida 34684		
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is: propert	y investn	nents.		
			TAEC	7	
			ARTASSE C	HAR 13 F	
ARTICLE IV SH The number of shares o	ARES f stock is: 100		FLORIDA	PH 1: 05	
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTORS	Name and Title	Carol Mulvihill, VP 48 st	nares	
Address	2392 Oak Bend Drive	Address:	2392 Oak Bend D	rive	
	Apt 1211 Palm Harbor, Fl 34683		Apt 1211 Palm Harbor, Fl 34	683	
Name and Title	Lauren Bowen, Treasure 1 share	Name and Title	÷	<del></del>	
Address	5722 SW 85th Street Gainesville, Fl 32608	Address:			
Name and Title	e:	Name and Title	:		
Address		Address:			

Name and	l Title:	Name and Title:	
Address		Address:	<b>-</b>
ARTICLE VI	REGISTERED AGENT  prida street address (P.O. Box NOT acceptable) of	f the registered agent is:	_
	Greg Mulvihill	i die registered agent is.	
Name: Address:	2392 Oak Bend Drive Apt 1211	- -	
	Palm Harbor, Fl 34683	_	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Greg Mulvihill	_	
Address:	2392 Oak Bend Drive Apt 1211		
	Palm Harbor, Fl 34683	- -	
Having been nam this certificate, I a	ned as registered agent to accept service of process im familiar with and accept the appointment as reg	s for the above stated corporation at the place designated gistered agent and agree to act in this capacity	d in
	alhli	3/10/2014	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are Pepartment of State constitutes a third degree felon	true. I am aware that the false information submitted try as provided for in s.817.155, F.S.	in a
	While	3/10/2014	
	Required Signature/Incorporator	Date	

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TAHAR 13 PH 1:05