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(Requestor's Name)			
(Address)			
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(Cit	ty/State/Zip/Phone	; #)	
PICK-UP	 WAIT₋	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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COVER LETTER

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

SUBJECT: CREAR ADVERTISING CORPORATION

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	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 PPY REQUIRED

FROM:	L M ACCOUNTING SERVICES INC
	Name (Printed or typed)
	7750 SW 117TH AVE SUITE201D
•	Address
	MIAMI FLORIDA 33183
•	City, State & Zip
	305 595-2407
•	Daytime Telephone number
_	MARIAQUIROS9@HOTMAIL.COM
	E-mail address: (to be used for future annual report notification)

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



May 19, 2014

MILTON SALES 7750 SW 117TH AE., STE 201D MIAMI, FL 33183

SUBJECT: CREAR ADVERTISING CORPORATION

Ref. Number: W14000031415

We have received your document for CREAR ADVERTISING CORPORATION 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable. Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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.

Carol Mustain Regulatory Specialist II

Letter Number: 314A00010701

May 6, 2014

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

Re: P12000023678 Crear Advertising Corporation

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Milton Salas

Notary Public State of Florida Jose L Ruiz

My Commission EE079868 Expires 03/31/2015



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

RTICLE II PRI	NCIPAL OFFICE Principal street address	Maili	ing address, if different is:	
2159 SW 13	2 COURT SUITE 202		117TH AVE SUITE 2	2010
MIAMI, FLOR	IDA 33186	MIAMI F	LORIDA 33183	
RTICLE III PUR	POSE the corporation is organized is:	ND ALL LEGA	AL SERVICES	
			2 4 5 7 8 2 8 2 8 2 8 2 8	(C)
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			<u>က်</u>	(1) (1)
			8	TT:
-	サウの3982 I <i>RES</i> stock is: 100 @ \$1.00 EA			
RTICLE V INI	RES stock is: 100 @ \$1.00 EA TIAL OFFICERS AND/OR DIRECTOR MILTON SALAS, PRES	S. Name and Title:		
RTICLE IV SILE the number of shares of RTICLE V INI	ARES 100 @ \$1.00 EA			
RTICLE IV SHA he number of shares of RTICLE V INIT Name and Title Address	ARES Stock is: 100 @ \$1.00 EA FIAL OFFICERS AND/OR DIRECTOR MILTON SALAS, PRES 12159 SW 132 COURT SUITE 202	Name and Title: Address:		
RTICLE IV SHA ne number of shares of RTICLE V INIT Name and Title Address	MILTON SALAS, PRES 12159 SW 132 COURT SUITE 202 MIAMI FLORIDA 33186	Name and Title: Address: Name and Title:		
he number of shares of number of number of shares of number of num	ARES Stock is: 100 @ \$1.00 EA FIAL OFFICERS AND/OR DIRECTOR MILTON SALAS, PRES 12159 SW 132 COURT SUITE 202 MIAMI FLORIDA 33186	Name and Title: Address: Name and Title:		
he number of shares of RTICLE V INITAL Name and Title Address Name and Title Address	ARES Stock is: 100 @ \$1.00 EA FIAL OFFICERS AND/OR DIRECTOR MILTON SALAS, PRES 12159 SW 132 COURT SUITE 202 MIAMI FLORIDA 33186	Name and Title: Address: Name and Title: Address:		

Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	MILTON SALAS		
Address:	12159 SW 132 COURT SUITE 202		
	MIAMI FLORIDA 33186		
ARTICLE VII	INCORPORATOR		
The name and ad	<u>Idress</u> of the Incorporator is:		
Name:	MILTON SALAS		
Address:	12159 SW 132 COURT SUITE 202	•	
	MIAMI FLORIDA 33186		
Having been nan this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in eistered agent and agree to act in this capacity 05/05/2014	
· <u>**</u>	Required Signature/Registered Agent	Date	
I submit this doc	cument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a	
accument to the	Department of State constitutes a third degree felon	05/05/2014	
	Required Signature/Incorporator	Date	