

P14000101838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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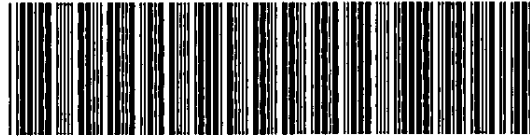
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: **CREATIVE OUTDOOR DEVELOPMENT 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: **JEFFREY M BUCHANAN**

Name (Printed or typed)

712 WESLEY AVE SUITE E

Address

TARPON SPRINGS, FL 34689-6729

City, State & Zip

727-934-0430

Daytime Telephone number

INFO@FLCREATIVEOUTDOORKITCHENS.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: CREATIVE OUTDOOR DEVELOPMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

712 WESLEY AVE
SUITE E
TARPON SPRINGS, FL 34689-6729

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To build and service outdoor kitchens. Retail store of kitchen accessories

ARTICLE IV SHARES 100000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY M BUCHANAN, PRESIDENT

Name and Title: _____

Address 712 WESLEY AVE
SUITE E
TARPON SPRINGS, FL

Address: _____

Name and Title: RAMONA J BUCHANAN, SECRETARY

Name and Title: _____

Address 712 WESLEY AVE
SUITE E
TARPON SPRINGS, FL 34689-6729

Address: _____

Name and Title: RAMONA J BUCHANAN, TREASURER

Name and Title: _____

Address 712 WESLEY AVE
SUITE E
TARPON SPRINGS, FL 34689-6729

Address: _____

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(conti.)

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: Ramona J Buchanan

Address: 712 Wesley Ave Suite E

Tarpon Springs, FL 34689-6729

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jeffrey M Buchanan

Address: 712 Wesley Ave Suite e

Tarpon Springs, FL 34689-6729

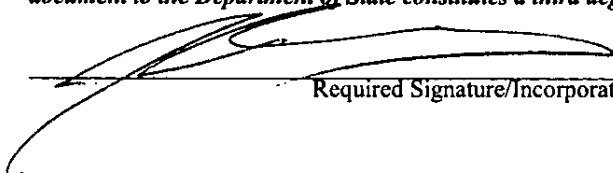
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12-16-14
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

12-16-14
Date

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2014