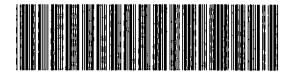
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COVER LETTER

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

SUBJECT: Creating Residuals Inc

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM	_{i:} Jordy E Christo		
	Name (Printed or typed)		
	PO Box 51623		
	Address		
	Sarasota, FL 34232		
	City, State & Zip		
	941-587-6723		
	Daytime Telephone number		
	jordy3738@gmail.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)

	INCIPAL OFFICE Principal street address VOOD Ridge Rd	Mailing addr PO Box 5162	ess, if different is:
Sarasota, FL	34231	Sarasota, FL 34232	
	the corporation is organized is: to ender the laws of the United		
			SEUNITA MILIAHASSI
			())
ARTICLE V IN	ARES f stock is: 100 TIAL OFFICERS AND/OR DIRECT le: Jordy E Christo	ORS 	PH 1:38
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECT	•	PH 1: 38
Name and Tit Address	TIAL OFFICERS AND/OR DIRECT le: Jordy E Christo PO Box 51623	Name and Title: Address: Name and Title:	PH 1: 38

Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Jordy E Christo	-	
Address:	5116 S Lockwood Ridge Rd	•	
	Sarasota, FL 34231	-	
ARTICLE VII	INCORPORATOR	15 FEB ~9 PM 1: SECRETARY OF ST MILLAHASSEE FEOR	
The name and ac	ddress of the Incorporator is:	-9 PI	
Name:	Jordy E Christo		
Address:	PO Box 51623	1: 38 STATE CORIDA	
	Sarasota, FL 34232	· ∞	
	med 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 istered agent and agree to act in this capacity 02/06/2015	
Required Signature/Registered Agent		Date	
I suppoint this doc	ument 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 felon	-	
	Required Signature/Incorporator	02/06/2015 Date	