

AS000033198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

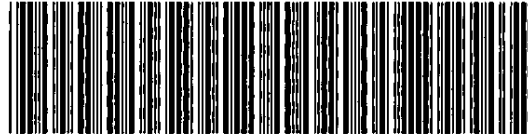
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/15--01007--005 **78.75

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15 APR -8 PM 11:07
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

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

SUBJECT: Creative Renovations Unlimited, 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: Bruce Wayne Olson

Name (Printed or typed)

5504 LaPoint Drive

Address

Lakeland, Fl. 33809

City, State & Zip

(813) 263-5205

Daytime Telephone number

brucewayneolson@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)

ARTICLE I NAME

The name of the corporation shall be: Creative Renovations Unlimited, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Bruce Olson

5504 Lapoint Drive

Lakeland, Fl. 33809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide creative renovation ideas for commercial buildings, church buildings and residential homes. Consulting services will provide ideas and stages of completion for all types of construction.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce W Olson, President

Name and Title: _____

Address 5504 LaPoint Drive
Lakeland, Fl. 33809

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(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: Bruce W Olson
Address: 5504 LaPoint Drive
Lakeland, Fl. 33809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bruce W Olson
Address: 5504 LaPoint Drive
Lakeland, Fl. 33809

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

4-6-15
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

4-6-2015
Date

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