

P/5000/00439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

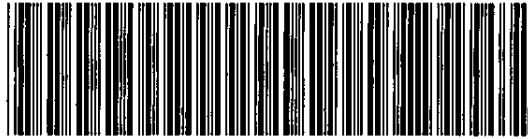
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/14/15--01035--015 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 14 AM 11:11

EFFECTIVE DATE 12/10/15

12/22/15

COVER LETTER

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

SUBJECT: Catrina's Creations

(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: Catrina L. Williams
Name (Printed or typed)

14314 SW 276 Street
Address

Homestead, FL 33032
City, State & Zip

(305) 495-7749
Daytime Telephone number

wcatrina60@icloud.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:

^{CW}
~~Catrina's Creations~~ **Catrina's Creations Corporation**

ARTICLE II PRINCIPAL OFFICE

Principal street address
14311 SW 276 Street, Homestead, FL 33032

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business "Professional Corporation"

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ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Catrina L. Williams, President & CEO Name and Title: _____

Address 14311 SW 276 Street Address: _____
Homestead, FL 33032 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Catrina L. Williams
 Address: 14311 SW 276 Street
 Homestead, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Catrina L. Williams
 Address: 14311 SW 276 Street
 Homestead, FL 33032

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/10/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Catrina L. Williams
 Required Signature/Registered Agent

 12/10/15
 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.

 Catrina L. Williams
 Required Signature/Incorporator

 12/10/15
 Date