

PI6000013016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

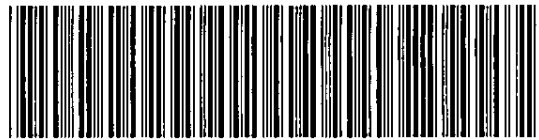
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/10/16--01001--004 **70.00

EFFECTIVE DATE

2-8-16

NOT RECORDED
TO AVOID
SUFFICIENCY OF FILING

16 FEB - 9 PM 1:56

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T. BROWN

COVER LETTER

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

SUBJECT: CRS Dynamics 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: Frank Bong
Name (Printed or typed)

3116 Capital Circle NE #3
Address

Tallahassee FL 32308
City, State & Zip

850 668 4925
Daytime Telephone number

frank@VergoodCPA.com
E-mail address: (to be used for future annual report notification)

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

EFFECTIVE DATE
2-8-16

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: CRS Dynamics Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7025 Gatorbone Rd.
Keystone Heights, FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cory Stovall President Name and Title: _____

Address: 7025 Gatorbone Rd Address: _____
Keystone Heights, FL 32656

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

16 FEB - 9 PM 1:47
RECORDED
INDEXED
FILED

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: Frank Bong CPA

Address: 3116 Capital Circle NW #3
Tallahassee FL 32308

ARTICLE VII INCORPORATOR

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

Name: Coni Stovall

Address: 7025 Gatorbone Rd
Keystone Heights FL 32656

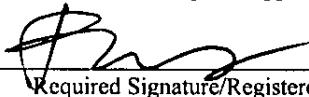
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/8/2016 (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

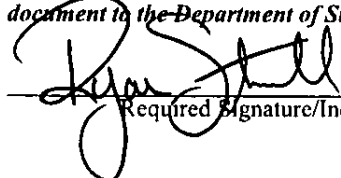


Required Signature/Registered Agent

2/8/16

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

2/8/16

Date