P1600056027

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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SECRETARY OF STATE TALLARY SSTELL LORIDA

mim



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2016

ERIC COPELAND 13639 VIA ROMA CIRCLE CLERMONT, FL 34711

SUBJECT: CR8IV ENTERTAINMENT INC.

Ref. Number: W16000034070

SECRETARY OF STATE
TALLARYSEEL FLORIDA

We have received your document for CR8IV ENTERTAINMENT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

It appears we revieved your document on May 5, 2016.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 316A00009840

www.sunbiz.org

Division of Comparations D.O. DOV 6297 Tallaharana Florida 29214

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			16 JUN 20	
SUBJECT: Cre8iv Entertainment Inc.	TE NAME – <u>MUST INCL</u> I	IINE OUBERS	<u>ج</u> ج	
(FROFOSED CORFORA	IE NAME - MUSI INCL	UDE SUFFIX)	25	
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	d a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
Check # 2089	ADDITIONAL COPY REQUIRED			
Line of Senting Penn				
ERIC COPELAND FROM:				
	(Printed or typed)			
13639 VIA ROMA CIRCLE				
Address				
CLERMONT, FL 34711				
City,	State & Zip			
615-400-3910				
Daytime Te	elephone number	7 5	,	
CREATIVESOULRECORDS@GMAIL.				
E-mail address: (to be used for future annual report notification)				

E-mail address: (to be used for future annual report notification)

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

RECEIVED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora			
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing addr	ess, if different is:
13639 VIA ROMA CIR			
CLERMONT, FL 3471	1		
ARTICLE III PURPO The purpose for which the	DSE he corporation is organized is:	RODUCTION SERVICES	
			6 (C)
ARTICLE IV SHARI The number of shares of	ES 100 stock is: L OFFICERS AND/OR DIRECTORS		FILED STATES OF
Name and Title	ERIC COPELAND, PRESIDENT	Name and Title:	ø <u>5</u> M
Address 13	13639 VIA ROMA CIR	Address:	
	CLERMONT, FL 34711		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name	and Title:	Name and Title:
Addre	ess	Address:
	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT accep	table) of the registered agent is:
Name:	ERIC COPELAND	
Address:	13639 VIA ROMA CIR	
	CLERMONT, FL 34711	TALLY TALLY
ARTICLE VII	INCORPORATOR	
The <u>name and </u>	address of the Incorporator is:	
Name:	ERIC COPELAND	9: 53 56 00 m
Address:	13639 VIA ROMA CIR	55 ADE
	CLERMONT, FL 34711	
Effective date, i		. (OPTIONAL) cannot be more than five business days prior or 90 business
	te inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as cords.
		process for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	Required Signature/Registered Age	mt Date
document to the	e Department of State constitutes a third degre	ein are true. I am aware that the false information submitted in a see felony as provided for in s.817.155, F.S.
Kéar	uired Signature/Incorporator	Date