

P1600077161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

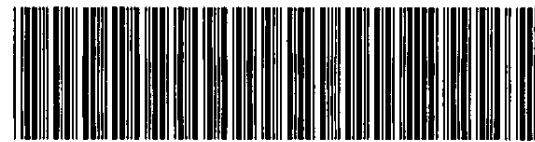
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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COVER LETTER

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

SUBJECT: Inside Creative Innovations 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: Filiberto Alicea
Name (Printed or typed)

94 Harness Ln
Address

Kissimmee, FL 34743
City, State & Zip

787-914-0858
Daytime Telephone number

IC Innovations FL@gmail.com
E-mail address: (to be used for future annual report notification)

16 SEP 16 AM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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: Inside Creative Innovations Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

94 Harness Ln

Kissimmee, FL 34743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Commercial renovation,

Painting and general construction

ARTICLE IV SHARES

The number of shares of stock is: 10,000

REC'D BY FLORIDA
CORPORATION
16 SEP 16 AM 1:04

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Filiberto Alicea Name and Title: _____

Address: 94 Harness Ln Address: _____

Kissimmee, FL 34743

President

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: Filiberto Alicea
Address: 94 Harness Ln
Kissimmee, FL 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Filiberto Alicea
Address: 94 Harness Ln
Kissimmee, FL 34743

FILED
SECRETARY OF STATE
FLORIDA
RECEIVED
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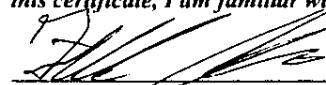
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 12, 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

9/8/16

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

9/8/16

Date