

P170000 83285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

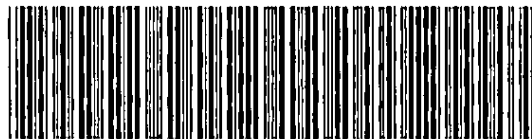
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100304436331

10/18/17--01011--018 \*\*79.75

FILED  
17 OCT 16 AM 9:29  
ALL RIGHTS RESERVED

OCT 17 2017

K. Brumbley

October 5, 2017

Miami, Florida

Kreate Printing Inc.

3440 NE 192nd Street # 1C

Aventura, FL 33180

Document No. P14000025178

Florida Department of State

Division of Corporations

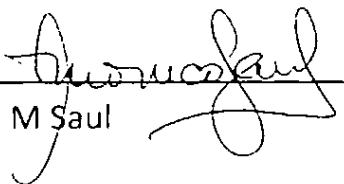
I am Florinda M Saul president of Kreate Printing Inc. Document number P14000025178.

I would like to inform your department that I will no claim any reinstatement filing for my corporation Kreate Printing Inc. and I would like to open a new corporation with the same name of Kreate Printing Inc.

Attached are the articles of incorporation and the fee for the new corporation.

I am thanking you in advance for your cooperation on this matter.

Sincerely yours,

  
\_\_\_\_\_  
Florinda M Saul

## COVER LETTER

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

**SUBJECT:** KREATE PRINTING 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** FLORINDA M SAUL

\_\_\_\_\_  
Name (Printed or typed)

3440 NE 192ND STREET # 1C

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City, State & Zip

786-505-6533

\_\_\_\_\_  
Daytime Telephone number

INFO@KREATE PRINTING.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**

KREATE PRINTING INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3440 NE 192ND STREET

# 1C

AVENTURA, FL 33180

Mailing address, if different is:

3440 NE 192ND STREET

# 1C

AVENTURA, FL 33180

**ARTICLE III PURPOSE**

ANY AND ALL LAWFUL BUSINESS.  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

1000 AT \$ 1.00 PER SHARE  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FLORINDA M SAUL (P)

Address: 3440 NE 192ND STREET # 1C

AVENTURA, FL 33180

Name and Title: GUSTAVO S SAUL (VP)

Address: 3440 NE 192ND STREET # 1C

AVENTURA, FL 33180

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

17 OCT 16 AM 9:23  
NOTICED BY  
ALL ASSOCIATES  
FL 00000

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: FLORINDA M SAUL

Address: 3440 NE 192ND STREET # 1C

AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FLORINDA M SAUL

Address: 3440 NE 192ND STREET #1C

AVENTURA, FL 33180

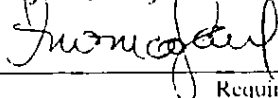
**ARTICLE VIII EFFECTIVE DATE:** 10/06/2017

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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

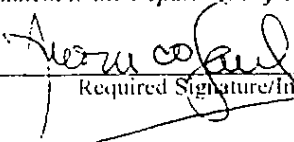
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/06/2017  
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

10/06/2017  
Date