

P1800054193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

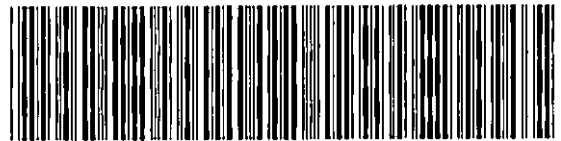
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M. MOON

JUN 19 2018



100314693481

100314693481  
06/19/18--01001--012 \*\*78.75

RECEIVED  
18 JUN 18 PM 4:32

FILED  
18 JUN 18 PM 12:35  
TALLAHASSEE, FL

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 6/18/18**

**NAME: SUGARTREE CREATIVE SERVICES, INC.**

**TYPE OF FILING: ARTICLES**

**COST: 78.75 - CHECK IS ATTACHED**

**RETURN: CERTIFIED COPY PLEASE**

---

**~~ACCOUNT: FCA000000015~~**

**~~AUTHORIZATION: ABBIE/PAUL HODGE~~**

---

FILED  
18 JUN 18 PM 12:36  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** SUGARTREE CREATIVE SERVICES, 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: LEISA D PICHARD  
Name (Printed or typed)

6437 JET PILOT TRAIL  
Address

TALLAHASSEE, FLORIDA  
City, State & Zip

850-443-0887  
Daytime Telephone number

LEISA.PICHARD@GMAIL.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: SUGARTREE CREATIVE SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6437 JET PILOT TRAIL

TALLAHASSEE, FLORIDA 32309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: LEISA D PICHARD, PRESIDENT

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

Address 6437 JET PILOT TRAIL

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

TALLAHASSEE, FL 32309

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
18 JUN 18 PM 12:36  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

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: FLORIDA FILING & SEARCH SERVICES, Inc.

Address: 155 OFFICE PLAZA DRIVE

TALLAHASSEE, FLORIDA 32301

FILED  
18 JUN 18 PM 12:36  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: LEISA D PICHARD

Address: 6437 JET PILOT TRAIL

TALLAHASSEE, FL 32309

**ARTICLE VIII EFFECTIVE DATE:**

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*

Cassie Hodge  
Required Signature/Registered Agent

6/18/18  
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.*

Leisa D. Pichard  
Required Signature/Incorporator

6/18/18  
Date