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ABIN JUN 17 AM 11: 3

JÜN 1 8 2019 K Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 810803 8276631
AUTHORIZATION :
COST LIMIT : \$ 70.00
ORDER DATE : June 17, 2019
ORDER TIME : 3:02 PM
ORDER NO. : 810803-010
CUSTOMER NO: 8276631
DOMESTIC FILING
NAME: CONSTRUCTION CREATION INC.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

COVER	LETTER
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Department of State

New rilling Sect				
Division of Corp	porations			
P. O. Box 6327				
Tallahassee, FL	32314		•	
1				
	0 1 - 0			
:	Construction Crea.	hish In		
SUBJECT:			/= 	
į	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)	
:				
Enclosed are an	original and one (1) seem of the end	-16!		
Elicioscu ale ali	original and one (1) copy of the arti-	cles of incorporation and	a check for:	
Ch man	D	— .	_	
\$70.0	• • • • • • • • • • • • • • • • • • • •	□ \$78.75	□ \$87.50	
Filing Fo	~	Filing Fee	Filing Fee,	
;	& Certificate of Status	& Certified Copy	Certified Copy	
Į.	·		& Certificate of	
:	1		Status	
:		ADDITIONAL CO	PY REQUIRED	
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	K.I. Walk	hal		
FROM:	- rigil Danie	7014		
	Name (Printed or typed)			
"FULL C: 1/ 21/202 Pd Sta 200				
	5401 S. KINKMAN Rd Ste 310			
!	Address			
:				
•	Orlando, +L 32-319 City, State & Zip			
į	City, State & Zip			
j				
	321-593-9712			
•	Daytime Telephone number			
; ;				
	E-mail address: (to be used	for future annual report n	otification)	
•	•	•	,	

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)

The name of the c	<u>VAME</u> orporation shall be: O	nstruction	Creation	Tinc		
	PRINCIPAL OFFICE Principal street address			failing address,	if different	 is:
	Kirkmaned	310				•
Orlando	, FL 32819					
ARTICLE III I The purpose for v	WRPOSE which the corporation is organ	nized is:Fo	med New	intity		
<u> </u>						
	HARES res of stock is: 1 / 000			·	RETARY OF MIASSEE, E	JUN 17
	Title: Kylz Thourig	(fresident)	Name and Title:_			AH II: 36
Address	0rlando, F	32819	Address:			
Name and	Title:		Name and Title:			
Address			Address:	·		<u></u>
			- 			
Name and	Fitle:		Name and Title:			
Address					_	
			· 	· <u>·</u>		

Name an	d Title:	Name and Title:	
Address		Address:	
	[,	
ARTICLE VI	REGISTERED AGENT	•	
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street		
	Taliahassee, FL 32301		
		•	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	Kyle Thoening		
Address:	7345 W. SANDLAKE P.d		
	Ryle Thoening 1345 W. SANDLAKO Pd Orlando, FL 32219		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	(OPTIONAL)	
(II an effective d	ate is listed, the date must be specific and cannot	be more than five days prior or 90 days after the	
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 name	ed as registered agent to accept service of process ; in familiar with <mark>an</mark> d accept the appointment as regi	for the above stated corporation at the place designated in	
Corporation Se		_	
ву:	Required Signature/Registered Agent	ne Turner ce President Unate	
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.			
2/1/2	There is	11.0/10	
Requir	red Signature/Incorporator	4/13/19 Date	