

P200000 86638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

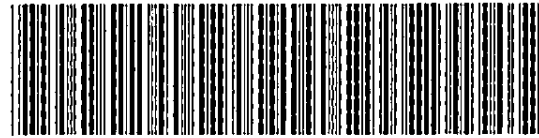
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UNITED STATES DEPARTMENT OF JUSTICE
TALLAHASSEE, FLORIDA

C RICO
NOV 6 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 11/5/2020

PRIORITY Routine

OUR REF # (Order ID#) 862775

ORDER ENTITY

CREATIVE SERVICES SOLUTIONS CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:
CREATIVE SERVICES SOLUTIONS CORP. (FL)

New corp filing

NOTES:

\$70.00 Authorized
Email address for annual report reminders: erin@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS", written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: CREATIVE SERVICES SOLUTIONS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
19375 Water Oak Dr., Unit 206
Port Charlotte, FL 33948

Mailing address, if different is:
19375 Water Oak Dr., Unit 206
Port Charlotte, FL 33948

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: 60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|---|-----------------|-------|
| Name and Title: | <u>Paul Mazziotta, President</u> | Name and Title: | _____ |
| Address | <u>19375 Water Oak Dr., Unit 206</u> <u>Port Charlotte, FL 33948</u> | Address: | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |

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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: Paul Mazziotta
Address: 19375 Water Oak Dr., Unit 206
Port Charlotte, FL 33948

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott J. Schuster
Address: 283 Washington Ave
Albany, NY 12206

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

Paul Mazziotta 10/15/2020
Required Signature Registered Agent 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.

[Signature] 10/15/2020
Required Signature/Incorporator Date

FILED
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