

5/21/2021

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BOOKKEEPING DONE RIGHT INC  
Account Number : I20200000064  
Phone : (786)566-7026  
Fax Number : (205)881-1104

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Free Flow Creatives Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

Help

SB 5/25/21

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21 MAY 21, PM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 MAY 24 AM 9:07

OFFICE  
OF THE  
CLERK

**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: Free Flow Creatives Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10 NW 2nd Street  
Miami, FL 33126**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all lawful businesses.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Anderson, Eboni President

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

Address 10 NW 2nd St

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

Miami, FL 33126

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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: Eboni AndersonAddress: 10 NW 2nd StMiami, FL 33126**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Eboni AndersonAddress: 10 NW 2nd StMiami, FL 33126**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 05/21/2020 (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*Eboni Anderson

Required Signature/Registered Agent

05/21/2020

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.*Eboni Anderson

Required Signature/Incorporator

05/21/2020

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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