

2/9/22, 3:05 PM

(FAX TRANSMISSION) To: 18506176381 From: 19547279773 Pages: 4

Division of Corporations

P2200009077

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000053422 3))



H220000534223ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059

Phone : (954)727-9771

Fax Number : (954)727-9773

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

Email Address: diam@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
TWELVE CREATIVE CORP

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB -9 PM 1:07

FILED

<H220000534223>

Electronic Filing Menu

Corporate Filing Menu

Help

<H220000534223>

COVER LETTER

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

SUBJECT: TWELVE CREATIVE CORP

(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: CARLOS A DOCE

Name (Printed or typed)

3003 OAKBROOK DR

Address

WESTON, FL 33332

City, State & Zip

(954) 822-6223

Daytime Telephone number

carlos.doce.xii@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

<H220000534223>

<H220000534223>

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: TWELVE CREATIVE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

3003 OAKBROOK DR

WESTON, FL 33332

Mailing address, if different is:

3003 OAKBROOK DR

WESTON, FL 33332

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS A DOCE

Name and Title: PRESIDENT

Address: 3003 OAKBROOK DR

Address: _____

WESTON, FL 33332

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2002 FEB -9 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

<H220000534223>

<H220000534223>

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: LAMADRID FINANCIAL SERVICES CORP
Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS A DOCE
Address: 3003 OAKBROOK DR
WESTON, FL 33332

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/09/2022 (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

ALEXIS LAMADRID

Required Signature/Registered Agent

02/09/2022

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.

CARLOS A DOCE

Required Signature/Incorporator

02/09/2022

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB -9 PM 1:08

FILED

<H220000534223>