

P23000023158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

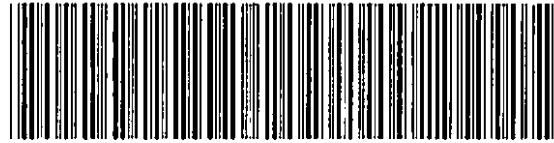
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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MAR 29 2023

03/28/23--01001--022 \*\*70.00

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2023 MAR 28 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FL



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OFFICE  
TALLAHASSEE  
FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** CAT 3/27

☐

**CERTIFIED COPY**

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**PHOTOCOPY**

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**xx**

**FILING**

**INC**

1. **FROM KREATIVES PROJECT CONSULTING INC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME From KREATIVES project consulting Inc  
The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE  
Principal street address \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

360 NW 19th terrace

360 NW 19th terrace

Miami, FL 33136

Miami, FL 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose \_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 200 \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Khaliah Beavers - President

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

Address 360 NW 19th Terrace

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

Miami, FL 33136

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

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

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

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

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SCHOOL COUNTY CLERK  
TALLAHASSEE, FL

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: Khaliah Beavers

Address: 360 NW 19th terrace

Miami, FL 33136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Khaliah Beavers

Address: 360 NW 19th terrace

Miami, FL 33136

**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*

Khaliah Beavers

Required Signature/Registered Agent

03/27/2023

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.*

Khaliah Beavers

Required Signature/Incorporator

03/27/2023

Date

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DEPT. OF STATE

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