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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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Account Name : HUBCO  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bashir@nrsacctg.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
CREATIVE PARTNERS USA INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRET  
TALLAHASSEE, FLORIDA

2024 FEB -8 PM 1:21

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**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 PARTNERS USA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address4918 NW 50TH WAYTAMARAC, FL 33319

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any legal and Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 1500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANGELO DAVINO - President/Director

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

Address 4918 NW 50TH WAY

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

TAMARAC, FL 33319

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: ANGELO DAVINO

Address: 4918 NW 50TH WAY

TAMARAC, FL 33319

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ANGELO DAVINO

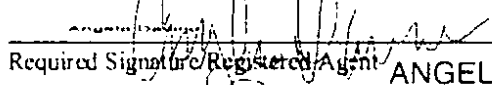
Address: 4918 NW 50TH WAY

TAMARAC, FL 33319

**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*  
Required Signature/Registered Agent ANGELO DAVINO

February 8, 2024

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.*  
Required Signature/Incorporator ANGELO DAVINO

February 8, 2024

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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