P25000044 01 FE 1-27-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cripple Creek Trading Company INC.
(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 Filing Fee

☑ $78.75 Filing Fee & Certificate of Status

* Sent Earlier Check

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Bruce L Morgan
(Name Printed or typed)

210 S. Star Avenue A
Address

Panama City Fl. 32404
City, State & Zip

850 866 0042
Daytime Telephone number

brucelouismorgan@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: Cripple Creek Trading Company Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

210 S. Star Avenue A

Panama City, Fl. 32404

Mailing address, if different is:

Same

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Retail Sales

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce Morgan Director

Address 210 S. Star Ave A
Panama City Fl 32404

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2005 JAN 21 PM 4:21
SECRETARY OF STATE
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: Bruce L Morgan

Address: 215 S. Star Avenue A
Panama City FL 32404

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Bruce L Morgan

Address: 215 Star Ave A
Panama City FL 32404

2023 JAN 21 PM 4:18
TALLAHASSEE, FLORIDA

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

Bruce L Morgan
Required Signature/Registered Agent

011525
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.

Bruce L Morgan
Required Signature/Incorporator

Date 011525