

98 FEB 18 M 12: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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******70.00 ******70.00

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UBJECT:	Creative Decorative	Systems, Inc.	27X
	. (Proposed corpor	rate name - must include suf	uix)
	,		
closed is an origin	al and one(1) copy of the article	s of incorporation and a of	check for :
\$70.00	\$78,75	□\$122.50	\$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
			& Certificate
		ADDITIONAL COPY REQUIRED	
FROM: _	Mrs. Claudia Tweed		
	Name (Printed or typed)		
	10 Foxfire Lane	÷ :.	
	Address		
	Oldsmar, FL 34677		
	City, State & Zip		
	(813) 781-40 4 3		
	Daytime T	elephone number	
			FEB 1 8 MM
			FEB .
		y. 9	No.

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

FILED

ARTICLES OF INCORPORATION

98 FEB 18 PM 12: 01

The undersigned incorporator, for the purpose of forming a corporation under the Floridge ECRETARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Creative Decorative Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10 Foxfire Lane Oldsmar, FL 34677

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mrs. Claudia Tweed 10 Foxfire Lane Oldsmar, FL 34677

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John M. Popson, Esq. 156 Brookside Court Pālm Harbo#, FL 34683

Signature/Incorporator

John M. Popson

2/13/ 98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Claudia Tweed Date