TRANSMITTAL LETTER

P99000096874

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

SUBJECT:	REATIVE MULTIMEDIA CONSULTING, INC.		
	(Proposed corpo inal and one(1) copy of the article	rate name - must include su	a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status Status CPY REQUIRED
FROM:	SCOTT J. WEL	TZ	
	Name (Printed or typed) 200 LESLIE DRIVE #431 Address		3000030307539 -11/01/9901093003 -*****87.50 *****87.50
	HALLANDALE, FLORIDA 33009 City, State & Zip		
	(954) 455-2805		
	Daytime Te	elephone number	

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

12 12/99

AKTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME
The name of the corporation shall be:
CREATIVE MULTIMEDIA CONSULTING, INC.
المنافعة
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: \mathbb{R}^{n}
200 LESLIE DRIVE #431, HALLANDALE, FLORIDA 33009
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
· · ·
100
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
SCOTT J. WELTZ 200 LESLIE DRIVE #431, HALLANDALE, FLORIDA 33009
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
SCOTT J. WELTZ AND MAX BACAL 200 LESLIE DRIVE #431, HALLANDALE, FLORIDA 33009
,
_ Heal Later 26 1999
Signature/Incorporator Date
10/26/1999
Signature/Incorporator Date
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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 open.

Signature/Registered Agent

Date