

2/26/2021

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
CREATIVE SERVICES & SOLUTIONS USA CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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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 SERVICES & SOLUTIONS USA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1300 NE 191 ST APT 211

MIAMI, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luz Adriana Martinez Rodriguez (P)

Name and Title: _____

Address 1300 NE 191 ST APT 211

Address: _____

MIAMI, FL 33179

Name and Title: Gustavo Murcia Franco (VIP)

Name and Title: _____

Address 1300 NE 191 ST APT 211

Address: _____

MIAMI, FL 33179

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: Luz Adriana Martinez Rodriguez
 Address: 1300 NE 191 ST APT 211
MIAMI, FL 33179

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Luz Adriana Martinez Rodriguez
 Address: 1300 NE 191 ST APT 211
MIAMI, FL 33179

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 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 Date