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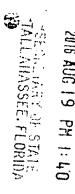
(Requestor's Name)
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COVER LETTER

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

SUBJECT:	Clemency Ad	VISORS/ MC. TENAME-MUSTINCLI	
	(PROPOSED CORPORA	TË NAME – <u>MUST INCLI</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		Sqsson (Printed or typed) Atic Ave, Ste. 801 Address	
	Delray gity,	Beach FL 334	83
	3/5-40. Daytime T DS Q S S O D E-mail address: (to be used	3-2291 elephone number	
	L-man address. (10 be used	i for future ammai report i	ionneation)

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

ARTICLES OF INCORPORATION ce with Chapter 607 and/or Chapter 621, F.S. (Pr

•	In comp	hance with Chapter	607 and/or Chapter 6	21, F.S. (Pt	, L, L,
ARTICLE I NAME The name of the corporat	ion shall be:	Clemency	Advisors	Inc.	2016 AUG 19 PM 1:40
	IPAL OFFICE Principal stree MENCY Adv	/	,		g address: if different BE, FLORIDA
clo Mr. Brian Sasson III	1 1	: Ave, Ste. 801		same	
De	Iray Beach, F	33483		<u></u>	
ARTICLE III PURPO The purpose for which the	<u>sE</u> ne corporation	is organized is:	e purpose in forming	clemency	advisors is to assist/advise/
represent in clemency ad	visar role/init	ate the demency pa	ocess/colkate clema advise elemency ap	ncy applican	ts on rules, eligibility, and the
ARTICLE IV SHARE The number of shares of shares of shares. ARTICLE V INITIA Name and Title	L OFFICERS	AND/OR DIRECTO	<u> </u>	Title:	Mr. Jay Sisson, Trousurer
Address	III E.A	Hantic Ave, Ste. 8	Address:		\$380 Clunie Place, #130-04
	-	each 172 33483			Delray Beach FL 33446
	(315)403				(5 6)573-5479
Name and Title:	Mr. Jamie	Sosson, Vice Provide	Name and		Mrs. Lilyan Sasan, Secretary
Address	, .	6th St.			7380 Clurice Place, #13004
	/ 1	FL 33486			Delray Beach, FL 33446
	(54) 715-1	525			(56)573-7656
Name and Title:	·		Name and	Title:	
Address			Address:		
					

		FILED
Name and Title:	Name and Title:	2016 AUG 19 PM 1: 1.0
Address	Address:	TAIL AHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT		<u>, </u>
The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:	
Name: Mr. Brian D. Sassan		
Address: III E. Atlantic Ave, Ste. 8	30/	
Delray Beach, FL 33483		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Mr. Brian D. Sasson		
Address: III E. Atlantic Ave, Ste	÷,80/	
Delray Beach, FL 3348	3	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specidays after the filing.)	August 12,2016. (OPTIONA fic hald cannot be more than five busing	
Note: If the date inserted in this block does not meet the document's effective date on the Department of St		nts, this date will not be listed as
Having been named as registered agent to accept servithis certificate, I am familiar with and accept the appoint		
Required Signature/Register	red Agent	Date
I submit this document and affirm that the facts state document to the Department of State constitutes a thir Required Signature/Incorporator		