

PT7000083783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

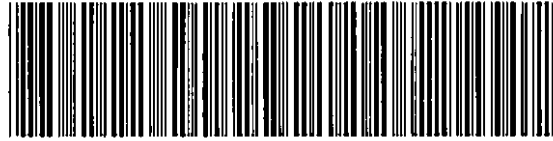
Certified Copies _____ Certificates of Status _____

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OCT 18 2017



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17 OCT 18 AM 11:06

17 OCT 18 PM 1:00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/18/17

****WALK IN****

ENTITY NAME Orange Klik Company

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

FILED
STATE
17 OCT 18 PM 1:00

TOTAL OWED 78.75

CHECK # 4142

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Orange Klik Company
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
304 Indian Trace, #917 _____
Weston, FL 33326 _____

ARTICLE III PURPOSE Any lawful business.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Augustas Kligys, Director</u>	Name and Title:	<u>Augustas Kligys, Treasurer</u>
Address:	<u>Schossergasse 11</u>	Address:	<u>Schossergasse 11</u>
	<u>Pirna, Sachsen, Germany</u>		<u>Pirna, Sachsen, Germany</u>
	<u>01796</u>		<u>01796</u>

Name and Title:	<u>Augustas Kligys, President</u>	Name and Title:	_____
Address:	<u>Schossergasse 11</u>	Address:	_____
	<u>Pirna, Sachsen, Germany</u>		_____
	<u>01796</u>		_____

Name and Title:	<u>Augustas Kligys, Secretary</u>	Name and Title:	_____
Address:	<u>Schossergasse 11</u>	Address:	_____
	<u>Pirna, Sachsen, Germany</u>		_____
	<u>01796</u>		_____

17 OCT 18 PM 1:00
SECRETARY OF STATE
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:

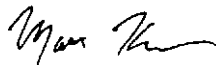
Name: InCorp Services, Inc.
 Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ed Tsuji
 Address: 187 E. Warm Springs Rd., Ste. B
Las Vegas, NV 89119

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



Matthew Knee, Asst. Sec.

10/17/2017

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.



Ed Tsuji, Incorporator

10/17/2017

Required Signature/Incorporator

Date

17 OCT 18 PM 1:00
 STATE
 IDA