

| (Re | equestor's Name) | |
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| (Cit | y/State/Zip/Phon | e#) |
| <u></u> | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

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

SUBJECT: Silver Sour Cloquet Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

□ \$70.00 □ \$78.75 □ \$78.75 Filing Fee Filing Fee,
Certificate of Status □ \$78.75 □ \$78.75 □ \$87.50 Filing Fee,
Certificate Of & Certified Copy & Certified Copy & Certificate

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ADDITIONAL COPY REQUIRED

A: Name (Printed or typed)

420 GArret Ridge Ct

Winter Haven, F1.33880

863-321-6992

Davtime Telephone number

Silverspurcloggers@gmail.com E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| The name of the corporation shall be: 51/Ver 5Pur Cloggers I | nc. |
|---|------------------|
| ARTICLE II PRINCIPAL OFFICE | |
| Principal <u>street</u> address: Mailing address, if different is: H20 GACCET Ridge Ct. | |
| Winter Hoven, F1, | |
| 33880 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: To teach underpose for which the corporation is organized is: To teach underpose for which the corporation is organized is: To teach underpose for which the corporation is organized is: | |
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| | |
| ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: | Deir Ppointed |
| | <u> </u> |
| Name and Title: Robert Allen Green President. Value 420 GASSEL Pidse CLAURE | |
| Name and Title: Korey Hilen Ste Name and Title: | g les |
| Address Address: | — ಪ |
| Winter Hoven, Fl. | |
| 33880 | |
| Name and Title: Patricial Hall-ASSIStant Name and Title: | |
| 1120 GACCOL D.da- CZ. | PSS S |
| | <u>~</u> ≥≥ |
| Winter Haven F1. | - SKC |
| 33880 | |
| Name and Title: Sissy Crutchield-Decletary Name and Title: | |
| Address 1205 Valencia LAne Address: | <u></u> |
| AUG. F1.33823 | |
| | |

| Name and Title: | Name and Title: |
|---|---|
| Address | Address: |
| | |
| | |
| Name and Title: | Name and Title: |
| Address | |
| | |
| | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acce | |
| Name: Rodney Allen (- | |
| Address: 420 GARGO GO | uret Ridge Ct. |
| Winter Hover | 7'E1'33880 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Name: Kodney Aller | <u> </u> |
| Address: 420 GARRENT | 3 |
| Winter Have | 50, E1. |
| ; | 33880 |
| Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment a | of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity |
| Laton allow Mason | 8-4-13 |
| Required Signature of Registered | Agent Date |
| | ein are true. I am aware that any false information submitted in a document |
| to the Department of State constitutes a third degree felony | |
| Rodney Hum Jaker | porator Date |
| Required Signature of Incor | porator Date & STATE |
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