

N14000004296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

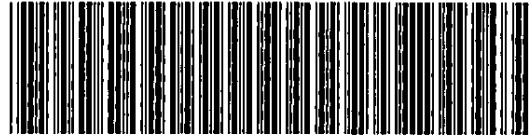
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-24244

Office Use Only



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04/14/14--01038--004 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 MAY -5 PM 2:10

114

## COVER LETTER

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

SUBJECT: CLEAR EYES FULL HEARTS 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  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Niko Nickolaou  
Name (Printed or typed)

12638 Pine Arbor Drive  
Address

Clermont FL 34711  
City, State & Zip

407 - 619 - 0767  
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2014

NIKO MICKOLAOU  
12638 PINE ARBOR DRIVE  
CLERMONT, FL 34711

SUBJECT: CLEAR EYES FULL HEARTS INC  
Ref. Number: W14000024244

We have received your document for CLEAR EYES FULL HEARTS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 114A00008211

## ARTICLES OF INCORPORATION

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

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DIVISION OF CORPORATIONS

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### ARTICLE I NAME

The name of the corporation shall be: CLEAR EYES Full Hearts INC

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

12638 Pine Arbor Dr

Clermont FL 34711

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To develop community events centered around sports, raising awareness & funds for local & national charities.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected by

Majority vote @ Board vote / 2 yr terms

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Niko Nikolaou / Executive Director Name and Title: ANA Nikolaou / Program Director

Address: 12638 Pine Arbor Dr Address: 2828 Copper Ridge Ct  
Clermont FL 34711 LAKE MARY FL 32746

Name and Title: Andrej Nikolaou / Operations Dir Name and Title: \_\_\_\_\_

Address: 2536 Cliff Dale St Address: \_\_\_\_\_  
OC 09c FL 34761

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 MAY -5 PM 2:10

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: Niko Nikolov

Address: 12638 Pine Arbor Dr

Cleemont FL 34711

**ARTICLE VII INCORPORATOR**

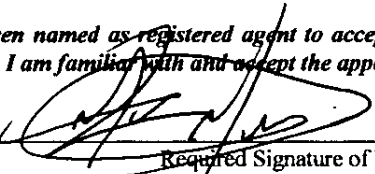
The name and address of the Incorporator is:

Name: Niko Nikolov

Address: 12638 Pine Arbor Dr

Cleemont FL 34711

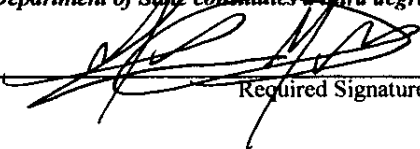
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

4/2/14  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

4/2/14  
Date