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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
DEC - 6 2016

COVER LETTER

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

SUBJECT: Cleaver Kids 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: Justin Condren
Name (Printed or typed)

19570 Black Olive Lane
Address

Boca Raton, FL 33498
City, State & Zip

561-654-6474
Daytime Telephone number

condrenjustin@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)

ARTICLE I NAME

The name of the corporation shall be: CLEVER Kids INC. FILED

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
19570 Black Olive Lane
Boca Raton, FL
33498

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Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help educate students at the
elementary school level to be able to pass the FSA
mathematics test. Through afterschool tutoring and review
materials, we aim to teach children mathematical skills
and assets that they will be able to carry through the
rest of their school careers and lives.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors
are elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Mr. Justin Condren</u>	Name and Title:	<u>Ms. Amy Paulison</u>
Address	<u>19570 Black Olive Ln</u>	Address:	<u>7011 Ventura Court</u>
	<u>Boca Raton, FL</u>		<u>Parkland, FL</u>
	<u>33498</u>		<u>33062</u>

Name and Title:	<u>Ms. Juliette Condren</u>	Name and Title:	_____
Address	<u>19570 Black Olive Ln</u>	Address:	_____
	<u>Boca Raton, FL</u>		_____
	<u>33498</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2016 DEC -2 AM 7:37

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Justin Condren

Address: 19570 Black Olive Lane
Boca Raton, FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justin Condren

Address: 19570 Black Olive Lane
Boca Raton, FL 33498

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

Justin Condren
Required Signature of Registered Agent

11-27-16
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.

Justin Condren
Required Signature of Incorporator

11-27-16
Date