

## TRANSMITTAL LETTER

# P000000057607

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

SUBJECT:

Clear Company  
(Proposed corporate name must include suffix)

400003280044--8

-06/07/00--01067--007

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

Shannon Falkner  
Name (Printed or typed)

4340 Post Ave.  
Address

Miami Beach FL 33140  
City, State & Zip

305.668.7441  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUN -7 PM 2:11

FILED

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

T. Burch JUN 14 2000

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

Clear Company

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 403693  
Miami Beach FL  
33140-1693

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Shannon Falkner  
4340 Post Ave  
Miami Bch FL 33140

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Shannon Falkner  
4340 Post Ave  
Miami Bch FL 33140

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUN -7 PM 2:11

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