POLOCO 22242

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

01 FEB 28 AM 10: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| SUBJECT: C& | L Properties, Inc (PROPOSED CORPORA) | ΓΕ NAME – <u>MUST INCLU</u> | DE 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 ADDITIONAL COI | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: Joan Lewis Name (Printed or typed) | | | | | |
| | Post Office Box 694 A | .ddress 20 | 00037894 -02/28/0101 *****87.50 | 142——3 1056—004 *****87.50. | |
| LaBelle, Florida 33975 City, State & Zip | | | | | |
| | 062 675 2353 | - | | | |

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

Daytime Telephone number

6832

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro- | ofit) |
|--|--|
| ADDICTOR | order of the second of the se |
| The name of the corporation shall be: | AT CAT AND AND A TOUR OF A STATE |
| C & L Properties, Inc | FILED |
| , | 01 FEB 28 AM 10: 11 |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| 169 Hickpochee Avenue LaBelle, Florida 33935 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | ense − v ° |
| Professional Corporation for Real Estate Sales | · · · · · · · · · · · · · · · · · · · |
| ARTICLE IV SHARES The number of shares of stock is: | |
| 1000 | |
| ARTICLE V INITIAL OFFICERS DIRECTORS (of The name(s) and address(es): | otional) |
| Joan Lewis, President P.O. Box 694 LaBelle, Florida 33975 | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address of the registered agent is | S: |
| Joan Lewis + <i>170 N Hick</i> ory St. LaBelle, Florida 33975 | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | e description of the state of t |
| The same and address of the incorporator is. | |
| Joan Lewis | |
| Post Office Box 694 LaBelle, Florida 33975 | |
| ********************** | ************ |
| Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agen | above stated cornoration at the place designated in this |
| _ Open Lowin | 2/27/01 |
| Signature/Registered Agent Joan Lewis | Date |
| | |
| - Joan Lewis | 2/27/01 |
| Signature/Incorporator Joan Lewis | Date |

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