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TRANSMITTAL LETTER

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

SUBJECT: CLV Income (PROPOSED CORPORATION)	porated ENAME-MUSTINCL	UDE SUFFIX)	
Enclosed is an original and one(1) copy of the article	s of incorporation and a	a check for :	-
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO		
FROM: Candace V	Peters nted or typed)		•
282 Dusic	Wa Y		
Fort Pierc City, S	e Fl 3	14945 PM	yaus in
772 - 468 - Daytime Tel	9235 ephone number		

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



February 26, 2004

CANDACE V. PETERS 282 DUSK WAY FORT PIERCE, FL 34945

SUBJECT: CLV FINANCIAL Ref. Number: W04000001562

We have received your document for CLV FINANCIAL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The specific nature of business of the professional association must be stated in the document.

If this is a corporation the suffix must be Inc, Incorporatored, Corp, Corporation Company or Co.**and if it is just a Corporation take out Professional Corporation in Article III and simply state "Any and all lawful business"

Please return the 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) 245-6067.

Letter Number: 904A00002111

Neysa Culligan Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: CLV Financial,	Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 282 DUSK Way, Fort P	lierce, F1 3494.
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	,
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Candace V. Peters - President 882 Dusic Way Ft. Pierce P1 34945	FILED 04 MAR -5 PM SECRETARY OF TALLAHASSEE, F
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Candact V. Peters 282 Dusk Way Ft. Pierce Ft 34945	4 4: 37 STATE FLORIDA
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Candace V. Peters 282 Dusk Way Ft Piers F1 34945	
	******** tion at the place designated in this this capacity - 2 - 04
Signature/Registered Agent Cavolace V. Pater Signature/Incorporator Date D	1- 2-04 ate