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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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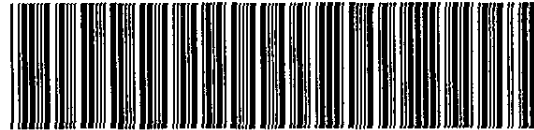
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

3-10-04

TRANSMITTAL LETTER

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

SUBJECT: Clawson Marketing, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Michael Clawson

Name (Printed or typed)

1200 Windsor Aveune

Address

Longwood, FL 32750-6245

City, State & Zip

407-830-5985

Daytime Telephone number

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

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:
Clawson Marketing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
1200 Windsor Avenue
Longwood, FL 32750-6245

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any lawful business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Michael Clawson, President & Treasurer
1200 Windsor Avenue
Longwood, FL 32750-6245

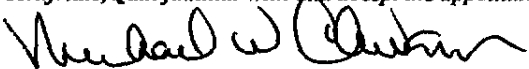
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Michael Clawson
1200 Windsor Avenue
Longwood, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
MICHAEL CLAWSON
1200 WINDSOR AVE
LONGWOOD, FL 32750

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



Signature/Registered Agent MICHAEL W CLAWSON

2/19/04

Date



Signature/Incorporator MICHAEL W CLAWSON

2/19/04

Date

FILED

04 MAR -3 PM 4:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA