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TALLAHASSEE, FLORIDA



# TRANSMITTAL LETTER

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

SUBJECT:	CLD Enterprises, Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:		
□ \$70.00		<b>□</b> \$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fce, Certified Copy		
	& Confidence of Status	ac Common Copy	& Certificate of		
		ADDITIONAL CO	Status  PV RECHIRED		
		ADDITIONAL CC	A T REQUIRED		
FROM:	CLD Enterprise	es, Inc.			
	Name (Printed or typed)				
	8602 Temple Terrace Hwy. D-24				
	Address				
	Tampa FI, 33637 City, State & Zip				
	City, Gitte to Lip				
	813-988-7770				
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)

# FILED

#### ARTICLE I NAME

The name of the corporation shall be: CLD Enterprises, Inc.

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
8602 Temple Terrace Highway D-29 D-30
Tampa, FL 33637

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct all legitimate business transactions associated with buying and selling tangible and real property.

#### ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

C.L. Brooks 1102 West River Dr. Tampa, FL 33617

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

C.L. Brooks 8602 Temple Terrace Hwy. D-29 Tampa, FL 33637

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

C.L. Brooks 8602 Temple Terrace Hwy. D-29 Tampa, FL 33637

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

2. L. South and accept the appointment as registered agent and agree to act in this capacity

Date

30004

Signature/Incorporator

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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h. Duad

Signature/Registered Agent

Date

3/2/04

Signature/Incorporator

Date