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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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03/22/04--01047--008 **87.50

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Bm 4/12

TRANSMITTAL LETTER

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

SUBJECT: Cleveland Thomas & Associates Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE 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

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Cleveland Thomas
Name (Printed or typed)

P O Box 580
Address

Haines City FL 33845
City, State & Zip

863 604 5115
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 29, 2004

CLEVELAND THOMAS
P.O. BOX 580
HAINES CITY, FL 33845

SUBJECT: CLEVELAND THOMAS & ASSOCIATES CORP.
Ref. Number: W04000012055

We have received your document for CLEVELAND THOMAS & ASSOCIATES CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 204A00020398

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:

Cleveland Thomas & ASSOCIATES CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P O Box 580
HAINES CITY FL 33845

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INTIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CLEVELAND THOMAS, PRESIDENT
P O Box 580
HAINES CITY FL 33845

ARTICLE VI REGISTERED AGENT

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

CLEVELAND THOMAS
2206 TANGERINE Circle
HAINES CITY FL 33844

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cleveland Thomas
2206 TANGERINE Circle
HAINES CITY FL 33844

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/Incorporator

3-19-04

Date

FILED
04 APR 12 PM 3:12
CLERK OF STATE
TALLAHASSEE, FLORIDA