P040000 61109

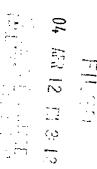
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Addless) | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



900030716299

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



SIL MG

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) | | | | | |

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee & Certificate of Status

□ \$78.75
Filing Fee Filing Fee & Filing Fee, & Certified Copy & Certificate of Status

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

FROM:

Cleveland Thomas

Name (Printed or typed)

POBOX 580

Address

Haines City F 33845

City, State & Zip

Boytime Telephone number

ADDITIONAL COPY REQUIRED

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.

Letter Number: 204A00020398

Cynthia Blalock 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: | |
| Clereland Thomas a ASSOCIATES CO | RP. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| POBOX580 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: | 0 |
| 100 | , |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) | |
| | |
| CLEVELAND Thomas, PRESIDENT | |
| P, O Box 580 | and the state of t |
| Haines City FL 33845 | . 2 |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address of the registered agent is: | |
| CLEVELAND THOMAS 2206 TANGERINE CIRCLE | |
| HAINES CITY FE 33844 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Cleveland Thomas | |
| HAINES LITY FL 33844 | |
| *************************************** | ********* |
| Having been named as registered agent to accept service of process for the above stated corporatificate, I am familiar with and accept the appointment as registered agent and agree to act | |
| Consideration of the state of t | in any amparate |
| ('\) | 3-19-04 |
| Signature/Registered Agent/Incorporator | Date |