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# TRANSMITTAL LETTER

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

SUBJECT: Cloverleaf Closings, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(I NOT OBED COM OF	CATE HAVE MILES INVESTIGATION		
Enclosed are an ori	ginal and one (1) copy of the a	rticles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	
FROM: _	Anthony Cordileone Nam	ne (Printed or typed)		
	1801 N. Pine Island Ro	Address		
	Plantation, FL 3333	22 ty, State & Zip		
	954-343-4444 Daytim	e 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:

Cloverleaf Closings, Inc.

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TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1801 N. Pine Island Rd., Suite 210 Plantation, FL 33322

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct and promote real estate closings, including the collection, withholding and disbursement of funds, fees and commissions in connection with real property closings both residential and commercial; to act as either title company or agent for title company for the issuance of title insurance policies

### ARTICLE IV SHARES

The number of shares of stock is:

100

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# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anthony Cordileone - President, Director 1801 N. Pine Island Rd., Suite 210 Plantation, FL 33322

#### ARTICLE VI REGISTERED AGENT

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

Anthony Cordileone 1801 N. Pine Island Rd., Suite 210 Plantation, FL 33322

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anthony Cordileone 1801 N. Pine Island Rd., Suite 210 Plantation, FL 33322

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

Signature/Incorporator

Date

Date