

P04000115637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

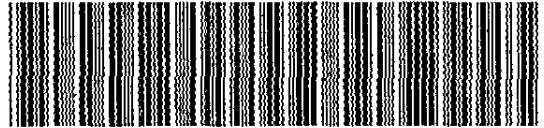
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/06/04--01046--009 **87.50

04 AUG -5 PM 1:05
DIVISION OF REVENUE

TRANSMITTAL LETTER

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

SUBJECT: Cleet Recovery Services, 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: Alice Cleet
Name (Printed or typed)

5500 Bentgrass Drive, Suite 117
Address

Sarasota, FL 34235
City, State & Zip

941-685-2357
Daytime Telephone number

04 AUG -6 PM 1:05

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Cleet Recovery Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5500 Bentgrass Drive, Suite 117 Sarasota, FL 34235

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Account Recovery Solutions/Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alice Cleet, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alice Cleet 5500 Bentgrass Drive, Suite 117 Sarasota, FL 34235

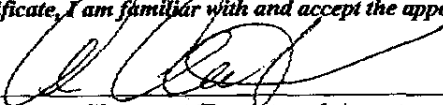
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

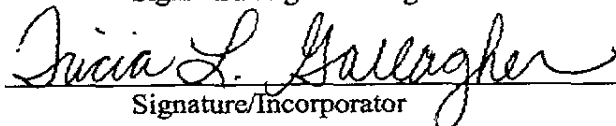
Tricia Gallagher 5094 Central Sarasota, FL 34238

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
04 AUG -6 PM 1:05

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

08/03/2004

Date

08/03/2004

Date