

PO4 000157583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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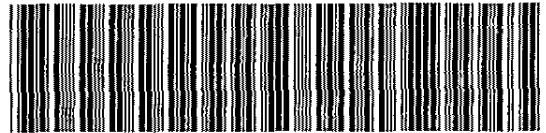
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/19/04--01003--001 **170.00

RECEIVED
04 NOV 19 AM 7:53
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 NOV 19 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Cloud Shadows, 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: Joanne S. Gwynn
Name (Printed or typed)

P.O. Box 10532
Address

Tallahassee FL 32302
City, State & Zip

850-992-1232
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)

ARTICLE I NAME

The name of the corporation shall be:

Cloud Shadows, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 10532
Tallahassee, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pres: Noanne Szymon
550 E Washington St
Tallahassee FL 32344

ARTICLE VI REGISTERED AGENT

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

Noanne Szymon
550 E Washington St
Tallahassee FL 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Noanne Szymon
550 E Washington St
Tallahassee FL 32344

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

Noanne Szymon
Signature/Registered Agent

11/19/04
Date

Noanne Szymon
Signature/Incorporator

11/19/04
Date

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04 NOV 19 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA