

POS000092060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

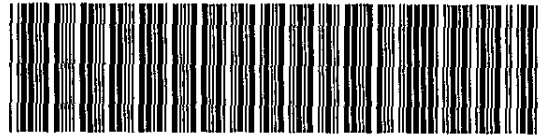
(Document Number)

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Certificates of Status \_\_\_\_\_

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2005 JUN 28 P 1:39

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6-28-05  
WJ

## TRANSMITTAL LETTER

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

**SUBJECT:** Clee Relocation 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:** Colette Lee Goodman

Name (Printed or typed)

109 NE 1st Court

Address

Dania FL 33004

City, State & Zip

954-553-1200

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:

CLee Relocation Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

109 NE 1st Court  
Dania FL 33004

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Relocation Consultant

### **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):

Colette Lee Goodman P, VP, Sec, T

### **ARTICLE VI REGISTERED AGENT**

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

Colette Lee Goodman  
109 NE 1st Court  
Dania FL 33004

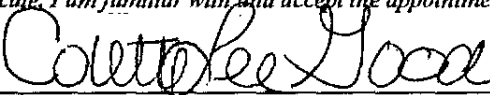
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Colette Lee Goodman  
109 NE 1st Court  
Dania FL 33004

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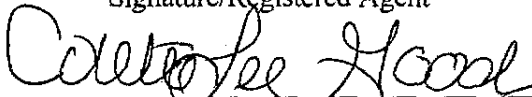
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

06/27/05

Date



Signature/Incorporator

06/27/05

Date

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JUN 28 P 1:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA