

PO60000081942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

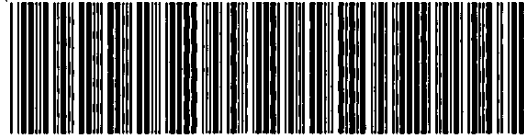
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/06--01034--018 **87.50

FILED

2006 JUN 15 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1010-21014

COVER LETTER

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

I have already submitted
payment.
Reference # W060000 21014
Attention: Tammy Henton

SUBJECT: Clover Graphix Incorporated.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

Payment already
submitted
W06000021014

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: KERRI Laing
Name (Printed or typed)

12535 NE. Miami Court
Address

North Miami, FL 33161
City, State & Zip

954-907-0054
Daytime Telephone number

RECEIVED
06 JUN 15 PM 1:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2006

KERRI LAING
1313 ST TROPEZ CIR
1507
WESTON, FL 33326

SUBJECT: CLOVER GRAPHIX INC.
Ref. Number: W06000021014

RECEIVED

06 JUN 15 AM 7:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CLOVER GRAPHIX INC. 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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 606A00032029

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Clover Graphix Inc.

2006 JUN 15 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12535 NE Miami Court
North Miami, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Create Graphic Logos

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):

KERRI Laing^{Pres.} Owner/Operator
12535 NE Miami Court
North Miami, FL 33161

ARTICLE VI REGISTERED AGENT

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

KERRI Laing
12535 NE Miami Court
North Miami, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KERRI Laing
12535 NE Miami Court
North Miami, FL 33161

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

6/13/06

6/13/06