## P06000135873

(Requestor's Name)					
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(Cit	ty/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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## **COVER LETTER**

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

SUBJECT: <u>C</u> L	icton	ENTERP	RISES	CORPOR	LATTON	
Enclosed are an orig						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	e of Status	\$78.75 Filing Fee & Certified	Сору	\$87.50 Filing Fee, Certified Copy & Certificate of Status REQUIRED	
FROM: MORUSA GORGON ELROL CAIN Name (Printed or typed)						
	2081	MISTLE	TOF CT Address	<b></b> -	<del></del>	
	TALLALL		<u> </u>	7	<u></u>	

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

ARTICLES	OF	<b>INCORPOR</b>	ATION

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

ARTICLE I NAME

The name of the corporation shall be:

CLIFTON ENTERPRISES CORPORATION

FILED

06 OCT 26 PM 12: 37

SECRETARY OF STAIL TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2081 MISTLETOF CT, TALLAHASSEE, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING

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):

MELISA CLIFTON - 2081 MISTLETOF COURT, TALLAHASSEE, FL 32317 (PRES)

ARTICLE VI REGISTERED AGENT

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

ELROL CAIN 3134 CORRIB DRIVE, TALLAHASSER, FL 32309

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

ETROL CAIN 3134 GERIB DEWE, TOLLAHASSEE, FL 32309

Signature/Incorporator