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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

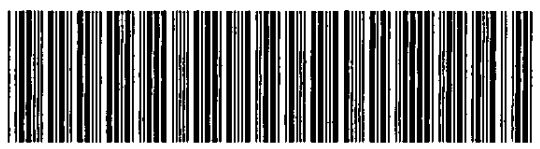
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 19 PM 3:51

8/20/08

COVER LETTER

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

SUBJECT: Clearlice 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: Suzanne Friedman

Name (Printed or typed)

9087 NW 45th street

Address

Sunrise Florida, 33351

City, State & Zip

561-734-3808

Daytime Telephone number

cell - 561-846-1858

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:

Clearlice Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9087 NW 45th street Sunrise Florida, 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Market Lice Treatment Products

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Suzanne Friedman 9087 NW 45th street Sunrise Florida, 33351 President

ARTICLE VI REGISTERED AGENT

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

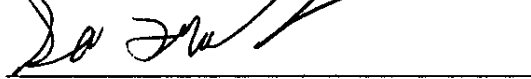
Suzanne Friedman 9087 NW 45th street Sunrise Florida, 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Suzanne Friedman 9087 NW 45th street Sunrise Florida, 33351

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

8/17/08

Date

8/17/08

Date

FILED
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DIVISION OF CORPORATIONS
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