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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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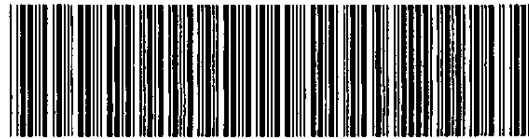
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 21 PM 1:36

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COVER LETTER

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

SUBJECT: ~~CLE+~~ CLE.ed, Corporation
(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: ANGELIQUE HANSFORD
Name (Printed or typed)
9636 GREENBANK DRIVE
Address
RIVERVIEW, FL 33569
City, State & Zip
813-505-7931
Daytime Telephone number
angiebuckeye@yahoo.com
E-mail address: (to be used for future annual report notification)

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: CLE.ed, Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9636 GREENBANK DR.
RIVERVIEW, FL 33569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE CLE. COURSES FOR SALE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELIQUE HANSTFORD

Name and Title: _____

Address: C.O.O. AND C.E.O.

Address: _____

9636 GREENBANK DRIVE
RIVERVIEW, FL 33569

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANGELIQUE HANSTFORD

Address: 9636 GREENBANK DR.
RIVERVIEW, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGELIQUE HANSTFORD

Address: 9636 GREENBANK DR.
RIVERVIEW, FL 33569

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

Angelique Hanstford
Required Signature/Registered Agent

1-14-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Angelique Hanstford
Required Signature/Incorporator

1-14-2011
Date

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