

P110000027546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

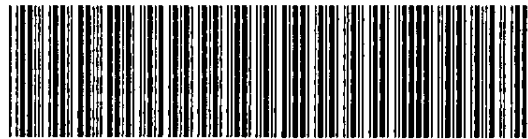
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700198114817

03/17/11--01014--013 \*\*78.75

RECEIVED  
MAR 17 2011

11 MAR 17 PM 2:16

RECEIVED  
MAR 17 2011

3/21

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: clyde's fence,gates&railing 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: clyde ambrose

Name (Printed or typed)

2550 ne 8 th ave

Address

pompano beach,fl 33064

City, State & Zip

954-695-6053

Daytime Telephone number

clydefa@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** clyde's fenc,gates&railing,inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

2550 ne 8 th ave  
pompano beach,fl 33064

Mailing address, if different is:

same

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
sale of fence,gates&railing

**ARTICLE IV SHARES**  
The number of shares of stock is:100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: pres. clyde ambrose /owner  
Address: 2550 ne 8 th ave  
pompano beach,fl 33064

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: clyde ambrose  
Address: 2550 ne 8 th ave  
pompano beach,fl 33064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: clyde ambrose  
Address: 2550 ne 8 th ave  
pompano beach,fl 33064

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 familliar with and accept the appointment as registered agent and agree to act in this capacity

Clyde Ambrose  
Required Signature/Registered Agent

3/15/2011  
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.

Clyde Ambrose  
Required Signature/Incorporator

3/15/2011  
Date

11 MAR 17 PM 2:14