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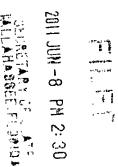
(Requestor's Name)				
(Address)				
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. (Ci	ty/State/Zip/Phone	<i>⇒</i> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	1			
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

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

SUBJECT: White Clouds forever, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00						
Filing Fee Filing Fee & Certificate of Status & Certificate of Status Filing Fee Filing Fee, & Certified Copy & Certificate of Status						
ADDITIONAL COPY REQUIRED						
FROM: Jerry Hieb						
Name (Printed or typed)						
4885 SW 64 Way	~ 3					
Address	0=					
Davie, FI 33304	2011 JUH - 8					
City, State & Zip						
954 394 1700	2 71					
Daytime Telephone number						
whiteclouds82877@gmail.com	, 0					

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)

	wante White Clouds the fore	ever, Inc.	
ARTICLE II	PRINCIPAL OFFICE	· / I	
	Principal street address	Mailing a	ddress, if different is:
	4885 SW 64 Way		
	Davie, Fl 33304		
ARTICLE III			
The purpose for	which the corporation is organized is:	and ather activities t	for profit
buying and	selling of goods, professional services	and other activities	or pront.
	ares of stock is:100	_	
	INITIAL OFFICERS AND/OR DIRECTOR Title: Jerry Hieb. President, Secretary. Tres.		
Address:	4885 SW 64 Way		
Audiess.	Davie, FI 33304		
	Davie, 11 Manua		
		•	
	Title:	Name and Title:	
Address:		Address:	
		• • • • • • • • • • • • • • • • • • • •	
Name and	Title:	Name and Title:	
Address:		Address:	
		· · · · · · · · · · · · · · · · · · ·	
A TO CORPOR TO STR	AMOISTEDED ACENT		2 201
The name and El	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	the registered agent is:	1 4 2
Name:	Jerry Hieb		
Address:	4885 SW 64 Way		A Printed
	Davie, Fl		<u>ကူ</u> ္ီ ထ
	·		र्णेलु च ्री
	<u>INCORPORATOR</u>		75 T
	idress of the Incorporator is:		
Name:	Jerry Hieb		5 % ≌
Address:	4885 SW 64 Way Davie, Florida 33304		<u> </u>
	Davie, Fiolida 35304		
this certificate, I a	ned as registered agent to accept service of process nm familiar with and accept the appointment as regis	stered agent and agree to a	
دمين	in the leafur		May 177011
	Required Signature/Registered Agent		1709 17 7011 Date
I submit this does	ument and affirm that the facts stated herein are t	rue. I am aware that the	false information submitted in a
	Department of State constitutes a third degree felony		
^	. / /	*	•
- Vin	an Wil.		May 17, 7011
/	Required Signature/Incorporator	······································	Date



RECEIVED

11 JUN -8 AM 11: 38

May 24, 2011

JERRY HIEB 4885 SW 64 WAY DAVIE, FL 33304

SUBJECT: WHITE CLOUDS, INC.

Ref. Number: W11000028511

FLORIDA DEPARTMENT OF STATESECRETARY OF STATE
Division of Corporations

JAMAHASSEE, FLORIDA

OUDS, INC.

We have received your document for WHITE CLOUDS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6924.

Sharon Collins Regulatory Specialist II New Filing Section

Letter Number: 411A00012792