

P11000105531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

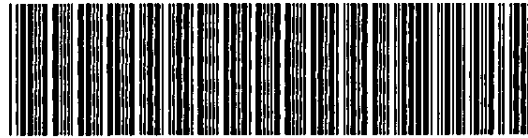
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12/12/11--01019--003 \*\*70.00

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2011 DEC 12 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 13 2011

## COVER LETTER

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

SUBJECT: Clear Six, 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: Annemarie Bralich

Name (Printed or typed)

4323 Spinnaker Cove Lane

Address

Tampa, FL 33615

City, State & Zip

727-505-8686

Daytime Telephone number

clearsixoffice@gmail.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: Clear Six, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4324 Spinnaker Cove Lane  
Tampa  
FL 33615

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is 200

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

Name and Title: Annemarie Bralich, Officer  
Address: 4323 Spinnaker Cove Lane  
Tampa  
FL 33615

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: Annemarie Bralich  
Address: 4323 Spinnaker Cove Lane  
Tampa, FL 33615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Annemarie Bralich  
Address: 4323 Spinnaker Cove Lane  
Tampa, FL 33615

*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*



Required Signature/Registered Agent

12/08/2011

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.*



Required Signature/Incorporator

12/08/2011

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA