

PI2000044303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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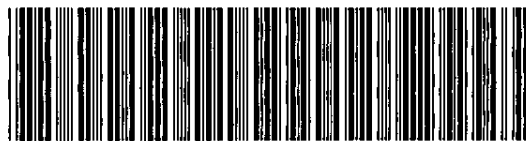
(Business Entity Name)

(Document Number)

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

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12 MAY -8 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

1/1

## COVER LETTER

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

SUBJECT: Cleoco, 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: Rosa I. Nalbandian  
Name (Printed or typed)

1412 Plantation Dr.  
Address

The Villages, FL 32159  
City, State & Zip

352 259 6018  
Daytime Telephone number

decommeau@centurylink.net  
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: Cleoco, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1412 Plantation Dr.  
The Villages, FL 32159

**FILED**  
**12 MAY -8 PM 2:53**  
Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Rosa I. Nalbandian</u>	Name and Title: _____
Address: <u>President, secretary, treasurer</u>	Address: _____
<u>1412 Plantation Dr.</u>	_____
<u>The Villages, FL 32159</u>	_____

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: Rosa I. Nalbandian  
Address: 1412 Plantation Dr.  
The Villages, FL 32159

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rosa I. Nalbandian  
Address: 1412 Plantation Dr.  
The Villages, FL 32159

*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*

Rosa I. Nalbandian  
Required Signature/Registered Agent

May 3, 2012  
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.*

Rosa I. Nalbandian  
Required Signature/Incorporator

May 3, 2012  
Date