

PI2000056162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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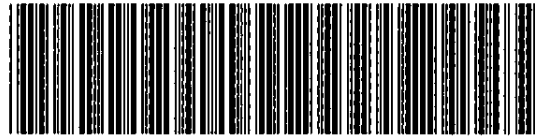
(Business Entity Name)

(Document Number)

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

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12 JUN 21 AM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
6/21/12

**COVER LETTER**

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

SUBJECT: Cloud 9 Innovations 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: Jordan Hosten  
Name (Printed or typed)

1317 Matango Circle  
Address

Tax, FL 32259  
City, State & Zip

(904) 207-3456  
Daytime Telephone number

Jordan.Hosten@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: Cloud 9 Innovations Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1317 Matengo Circle  
Jacksonville, FL 32259

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Merchant Service/Retail Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jordan Hosten President Name and Title: \_\_\_\_\_  
Address: 1317 Matengo Circle Address: \_\_\_\_\_  
Jacksonville, FL 32259

Name and Title: Derek Sutton; Vice President Name and Title: \_\_\_\_\_  
Address: 3565 Olympic Drive Address: \_\_\_\_\_  
Green Cove Springs, FL 32043

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: Derek Sutton  
Address: 3565 Olympic Drive  
Green Cove Springs, FL 32043

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jordan Hosten  
Address: 1317 Matengo Circle  
Jacksonville, FL 32259

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

Derek Sutton  
Required Signature/Registered Agent

6/21/12  
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.

[Signature]  
Required Signature/Incorporator

6/21/12  
Date

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TALLAHASSEE, FLORIDA