

PI 2000070701

(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



300238422783

08/15/12--01008--004 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 15 AM 10:56

PS 8/16/12

COVER LETTER

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

SUBJECT: CLKB, 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: CANDACE BARRETT
Name (Printed or typed)

9345 PALM TREE DR.
Address

WINDERMERE, FL 34786
City, State & Zip

407.-900-3317
Daytime Telephone number

CBARRETT34@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: CLKB, INC.

12 AUG 15 AM 10:56

ARTICLE II PRINCIPAL OFFICE

Principal street address

9345 PALM TREE DR.
WINDERMERE, FL 34786

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL ACTIVITIES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CANDACE BARRETT, OWNER
Address: 9345 PALM TREE DR.
WINDERMERE, FL 34786

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: CANDACE BARRETT
Address: 9345 PALM TREE DR.
WINDERMERE, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CANDACE BARRETT
Address: 9345 PALM TREE DR.
WINDERMERE, FL 34786

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

Aug 11, 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.

Required Signature/Incorporator

Aug 11, 2012
Date