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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

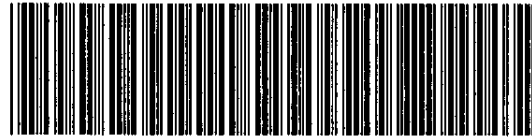
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 2/19

## COVER LETTER

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

**SUBJECT:** CLQ designed, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Catherine L Quanrud

Name (Printed or typed)

4309 SE Cove Lake Cir #208

Address

Stuart, FL 34997

City, State & Zip

561-252-7954

Daytime Telephone number

clqdesigned@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: CLQ designed, inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4309 SE Cove Lake Cir #208

Stuart, FL 34997

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: professional corporation to sell  
design services related to kitchen & bathroom industry

**ARTICLE IV SHARES**

The number of shares of stock is: one (1)

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

Name and Title: Catherine L Quanrud, President

Address: 4309 SE Cove Lake Cir #208

Stuart, FL 34997

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

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

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Catherine L Quanrud  
Address: 4309 SE Cove Lake Cir #208  
Stuart, FL 34997

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Catherine L Quanrud  
Address: 4309 SE Cove Lake Cir #208  
Stuart, FL 34997

*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*

Catherine Quanrud  
Required Signature/Registered Agent

2/13/13  
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.*

Catherine Quanrud  
Required Signature/Incorporator

2/13/13  
Date