

P130000017187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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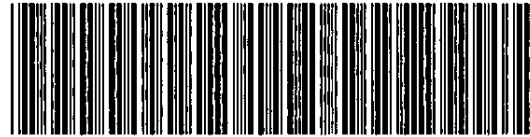
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/13--01003--017 **70.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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8

COVER LETTER

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

SUBJECT: CLBD Tours 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: Craig Becton
 Name (Printed or typed)
4700 Millenia Blvd Ste 175
 Address
Orlando, FL 32839
 City, State & Zip
877-251-2002
 Daytime Telephone number
clbdtours@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: CLBD Tours Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4700 Millenia Blvd

Ste 175

Orlando, FL 32839

Mailing address, if different is:

4700 Millenia Blvd

Ste 175

Orlando, FL 32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Tour Services

ARTICLE IV SHARES 2

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig Becton President

Address 4700 Millenia Blvd

Ste 175

Orlando, FL 32839

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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:

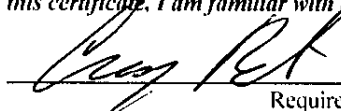
Name: Craig Becton
Address: 4700 Millenia Blvd Ste 175
Orlando, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig Becton
Address: 4700 Millenia Blvd Ste 175
Orlando, FL 32839

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

02/12/2013

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

02/12/2013

Date

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