

P140000006859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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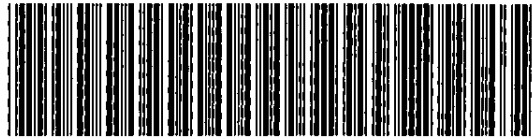
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 16 PM 3:08

B. 1/24/14

## COVER LETTER

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

**SUBJECT:** Klear View Initiative, 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:** Alina Pena Ferro

Name (Printed or typed)

4480 NW 196 Street

Address

Miami Gardens, FL 33055

City, State & Zip

786-853-8966

Daytime Telephone number

aferro23@bellsouth.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:

**Klear View Initiative, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**4480 NW 196 Street**

**Miami Gardens, FL 33055**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Management company for collections,  
consultant and general office duties.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**500**

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

Name and Title: **Alina Pena Ferro, Pr/Sec**

Address: **4480 NW 196 Street  
Miami Gdns, FL 33055**

Name and Title:

Address:

Name and Title: **Pablo L. Ferro, VP/Tr**

Address: **4480 NW196 Street  
Miami Gdns, FL 33055**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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DIVISION OF CORPORATIONS  
14 JAN 16 PM 3:08

(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: Alina Pena Ferro  
Address: 4480 NW 196 Street  
Miami Gdns, FL 33055

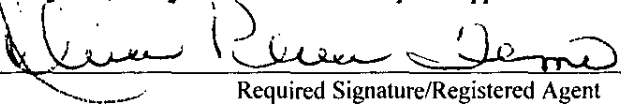
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alina Pena Ferro  
Address: 4480 NW 196 Street  
Miami Gdns, FL 33055


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*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

01/13/2014  
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

01/13/2014  
Date