

P140000095386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

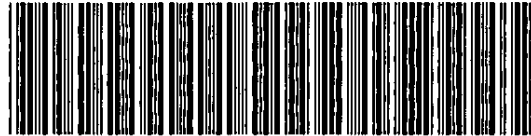
☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:



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11/24/14--01015--005 \*\*70.00

14 NOV 24 PM 12:43  
TOLSON  
FBI  
WASHINGTON, DC

Office Use Only

## COVER LETTER

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

**SUBJECT:** Clifford Craig Wolfe, 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:** Clifford Craig Wolfe

Name (Printed or typed)

28002 65th Ave. E

Address

Myakka City, FL 34251

City, State & Zip

941-730-2897

Daytime Telephone number

craigwolfe@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: Clifford Craig Wolfe, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

28002 65th Ave. E

Myakka City, FL 34251

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Raising Beef Cattle

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Clifford Craig Wolfe, President

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

Address 28002 65th Ave. E

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

Myakka City, FL 34251

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

14 NOV 24 PM 12:13  
CLIFFORD C. WOLFE  
PRESIDENT  
CLIFFORD C. WOLFE  
PRESIDENT

(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: Clifford Craig Wolfe  
Address: 28002 65th Ave. E  
Myakka City, FL 34251

**ARTICLE VII INCORPORATOR**

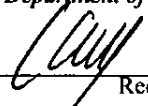
The **name and address** of the Incorporator is:

Name: Clifford Craig Wolfe  
Address: 28002 65th Ave. E  
Myakka City, FL 34251

*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*

 11/19/14  
Required Signature/Registered Agent 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.*

 11/19/14  
Required Signature/Incorporator Date

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18-11-14  
18-11-14  
18-11-14