

P15000014855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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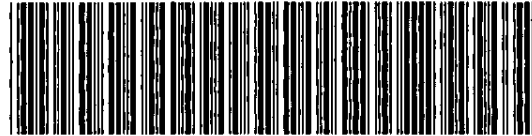
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CLH Online Enterprises, 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: Cynthia L Hodgkiss

Name (Printed or typed)

1212 Lagoon Rd

Address

Tarpon Springs, FL 34689

City, State & Zip

727-741-1972

Daytime Telephone number

lakebum@verizon.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: CLH Online Enterprises, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1212 Lagoon Rd

Tarpon Springs, FL 34689

Mailing address, if different is:

Same as Principal street address.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in e-commerce retail of general merchandise

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia L Hodgkiss - President

Address 1212 Lagoon Rd

Tarpon Springs, FL 34689

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Cynthia L Hodgkiss

Address: 1212 Lagoon Rd

Tarpon Springs, FL 34689

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cynthia L Hodgkiss

Address: 1212 Lagoon Rd

Tarpon Springs, FL 34689

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

1-28-15

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

1-28-15

Date