P 1500015491

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

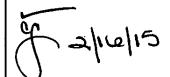
Office Use Only



02/11/15--01006--010 **87.50

TS FEB II PN 3. 49

SECRETARY OF STATE
ALL DIASSES FROM



COVER LETTER

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

SUBJECT:	Clencom, Inc.			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an or	riginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
\$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	

FROM:	Carla D. Wisznia			
	Name (Printed or typed)			
	2918 Sharer Road			
-	Address			
_	Tallahassee, FL 32312			
_	City, State & Zip		<u> </u>	
	850-339-7146		15 FI	
_	Daytime Telephone number		FEB	1
_	Cwisznia@Clencom.com			
	E-mail address: (to be used for future annual report notification)	22	翌	
		参 盖		

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)

RTICLE 1 NA.	Clencom, Inc	. FILED
	NCIPAL OFFICE	15 FEB 11 PH 3.1
	Principal street address	Mailing address, if differential ARY OF STATI
Carla D. Wi	sznia	FLORIE
918 Share	r Road	
allahassee	e, FL 32312	
	POSE	
	the corporation is organized is:	
Any and all	lawful business	
RTICLE IV SHA	stock is: 1000	
		
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	<u>rs</u>
Name and Title	Carla D. Wisznia, Presiden	t Name and Title:
	2918 Sharer Road	
Address		Address:
	Tallahassee, FL 32312	
		+
Name and Title		Name and Title:
Name and Title		
		Address:
		Address:
		Address:
Address		Address:
Address Name and Title:		Address: Name and Title:
Address		Address: Name and Title:
Address Name and Title:		Address: Name and Title:
Address Name and Title:		Address: Name and Title:

REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of		
(t.o. Don't of acceptable) of	the registered agent is:	
Carla D. Wisznia		
2918 Sharer Road		
Tallahassee, FL 32312	•	
INCORPORATOR		
ddress of the Incorporator is:		
Jean-Claude S. Wisznia		
2918 Sharer Road		
Tallahassee, FL 32312		
ned as registered agent to accept service of process am familiar with and accept the appointment as ree	for the above stated corpora	tion at the place designated in
Pa A Waynula		2/5/15
suppert and affirm that the facts stated herein are t	true. I am aware that the fai v as provided for in s.817.155	se information submitted in a , F.S.
Required Signature Interpretation)	$\frac{2-5-15}{\text{Date}}$
* *		
	2918 Sharer Road Tallahassee, FL 32312 INCORPORATOR ddress of the Incorporator is: Jean-Claude S. Wisznia 2918 Sharer Road Tallahassee, FL 32312 med as registered agent to accept service of process am familiar with and accept the appointment as reg Required Signature/Registered Agent cupient and affirm that the facts stated herein are in the degree felony Department of State constitutes a third degree felony	2918 Sharer Road Tallahassee, FL 32312 INCORPORATOR ddress of the Incorporator is: Jean-Claude S. Wisznia 2918 Sharer Road Tallahassee, FL 32312 med as registered agent to accept service of process for the above stated corporator familiar with and accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment of State constitutes a third degree felony as provided for in s.817.155