

P150000016173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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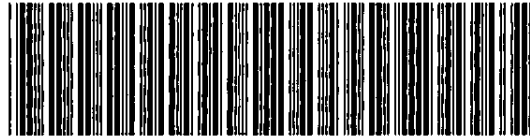
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/26/15--01008--003 **87.50

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15 FEB 17 PM 9:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WLS-75A1

COVER LETTER

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

SUBJECT: Clarke's Services 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Sidmoth Clarke & Tennishia Clarke
Name (Printed or typed)
4010 SW Cheribon Street
Address
Port Saint Lucie, Florida 34953
City, State & Zip
954-695-8410
Daytime Telephone number
CLARKESSERVICESINC@YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2015

SIDMOTH CLARKE
4010 SW CHERIBON ST
PORT SAINT LUCIE, FL 34953

SUBJECT: CLARKE'S SERVICES INC.
Ref. Number: W15000007541

We have received your document for CLARKE'S SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 915A00002098

RECEIVED
15 FEB 17 AM 11:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 667 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Clarke's Services Inc. Clark's A1 Enterprise Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4010 SW Cheribon Street
Port Saint Lucie, Florida 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is being organized for profit to provide commercial and residential services

for appliances etc. services

To provide excellent customer services to
our client in a professional manner.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sidmoth Clarke President

Name and Title: Tennishia Clarke Vice President

Address: 4010 SW Cheribon Street
Port Saint Lucie, FL 34953

Address: 4010 SW Cheribon Street
Port Saint Lucie, FL 34953

Name and Title: Tennishia Clarke Secretary

Name and Title: _____

Address: 4010 SW Cheribon Street
Port Saint Lucie, FL 34953

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
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: Tennishia Clarke
Address: 4010 SW Cheribon Street
Port Saint Lucie, Fl 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sidmoth Clarke
Address: 4010 SW Cheribon Street
Port Saint Lucie, Fl 34953

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

Tennishia King-Clarke 1/19/2015
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.

S.G. Clarke 1/19/2015
Required Signature/Incorporator Date

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15 FEB 17 PM 9:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA