## P15000036788

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SCORETARY OF STATE
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## **COVER LETTER**

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

SUBJECT	CLA	RK MANUFAC		
		(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed ar	e an origi	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
	\$70.00 ng Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FR	ом: <b>G</b>	regory Clark		
			e (Printed or typed)	
	86	802 N. Rome Av	enue	
	-		Address	
	Ta	ampa, Fl 33604		
		City	, State & Zip	

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

Daytime Telephone number

Clarkg6@verizon.net

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRII	CIPAL OFFICE Principal street address	Mailin	ng address, if different is:
Gregory Clark			
8602 N. Rome			
Tampa, Fl 330	504		
ARTICLE III PUR	POSE	<del></del>	
• •	ne corporation is organized is:		
Engage in an	y lawful business activity	allowed by th	e State of Florida
<del></del>			200
			デ <sub>ン</sub> め を第一 <b>本</b>
			28 A 28 R 28 R
			<u> </u>
			200
ARTICLE IV SHA	LRES 100		25.50 5:50
ARTICLE IV SHA	tres 100 stock is:		
The number of shares of  ARTICLE V INI	stock is: TOO  STAL OFFICERS AND/OR DIRECTOR		
The number of shares of  ARTICLE V INI	stock is: TOO TAL OFFICERS AND/OR DIRECTOR Gregory Clark, PD		
The number of shares of  ARTICLE V INI	stock is: TOO  STAL OFFICERS AND/OR DIRECTOR		9: 50 TAPE Party:
The number of shares of  ARTICLE V INI  Name and Titl	stock is: TOO TAL OFFICERS AND/OR DIRECTOR Gregory Clark, PD	Name and Title:	9: 50 TAPE Party:
The number of shares of  ARTICLE V INI  Name and Titl	stock is: 100 TAL OFFICERS AND/OR DIRECTOR Gregory Clark, PD 8602 N. Rome Avenue	Name and Title:	9: 50 TAPE Party:
The number of shares of  ARTICLE V INI  Name and Titl	stock is: 100 TAL OFFICERS AND/OR DIRECTOR Gregory Clark, PD 8602 N. Rome Avenue	Name and Title:	9: 50 TAPE Party:
The number of shares of  ARTICLE V INI  Name and Titl  Address	stock is: 100 TAL OFFICERS AND/OR DIRECTOR Gregory Clark, PD 8602 N. Rome Avenue	Name and Title: Address:	9: 50 Party
The number of shares of  ARTICLE V INI  Name and Titl  Address	Gregory Clark, PD  8602 N. Rome Avenue  Tampa, Fl 33604	Name and Title:  Address:  Name and Title:	9: 50 Party
The number of shares of  ARTICLE V INI  Name and Title  Address  Name and Title	Gregory Clark, PD  8602 N. Rome Avenue Tampa, Fl 33604	Name and Title:  Address:  Name and Title:  Address:	9: 50 Paris
The number of shares of  ARTICLE V INI  Name and Title  Address  Name and Title	Gregory Clark, PD  8602 N. Rome Avenue Tampa, Fl 33604	Name and Title:  Address:  Name and Title:  Address:	9: 50 Paris
The number of shares of  ARTICLE V INI  Name and Title  Address  Name and Title	Gregory Clark, PD  8602 N. Rome Avenue Tampa, Fl 33604	Name and Title:  Address:  Name and Title:  Address:	9: 50 Paris
The number of shares of  ARTICLE V INI  Name and Title  Address  Name and Title  Address	Gregory Clark, PD  8602 N. Rome Avenue Tampa, Fl 33604	Name and Title:  Address:  Name and Title:  Address:	9: 50 Paris
The number of shares of  ARTICLE V INI  Name and Title  Address  Name and Title  Address	Gregory Clark, PD  8602 N. Rome Avenue Tampa, Fl 33604	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	9: 50 Paris

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•		(conti.)
Name ar	nd Title:	Name and Title:
Addres:		
4 TABLES V TO 457		
ARTICLE VI The <u>name and</u> F	REGISTERED AGENT  Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Gregory Clark	
Address:	8602 N. Rome Avenue	
	Tampa, FI 33604	-
		-
ARTICLE VII	INCORPORATOR	
The <u>name and s</u>	address of the Incorporator is:	
Name:	Gregory Clark	_
Address:	8602 N. Rome Avenue	
	Tampa, FI 33604	- -
Havina heen ni	nmed as redistered agent to accept service of process	s for the above stated corporation at the place designated is
this certificate,	I am familiar with and accept the appointment as re	gistered agent and agree to act in this capacity
Kin	Required Signature/Registered Agent	03-28-2015
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree feloi	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
throm	y P Chy Required Signature/Incorporator	03-28-2015