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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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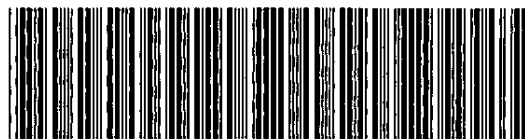
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 JUL 14 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2015

T. BROWN

COVER LETTER

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

SUBJECT: CLANDESTINE 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: JAN HOFHERR

Name (Printed or typed)

161 S. CYPRESS RD

Address

POMPANO BEACH, FL 33060

City, State & Zip

754-273-7506

Daytime Telephone number

JANHOFHERR@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)

FILED
2015 JUL 14 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME CLANDESTINE INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address 161 S. CYPRESS RD POMPANO BEACH FLORIDA 33060	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

PRIVATE INVESTIGATION AGENCY
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1000000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAN HOFHERR - PRESIDENT/CEO Address: 161 S. CYPRESS RD POMPANO BEACH FLORIDA 33060	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ 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: JAN HOFHERR _____

Address: 161 S. CYPRESS RD _____

POMPANO BEACH, FL 33060 _____

ARTICLE VII INCORPORATOR

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

Name: JAN HOFHERR _____

Address: 161 S. CYPRESS RD _____

POMPANO BEACH, FL 33060 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/07/2015

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

07/07/2015

Date