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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2015

T. BROWN

COVER LETTER

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

SUBJECT: Clifton Bioscience, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Mark E. Clifton

Name (Printed or typed)

19710 Honey Bear LN

Address

North Fort Myers, FL 33917

City, State & Zip

786-387-3846

Daytime Telephone number

markec925@aol.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)

ARTICLE I NAME

The name of the corporation shall be: Clifton Bioscience, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

19710 Honey Bear LN

North Fort Myers, FL 33917

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To develop educational tools and materials.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark E. Clifton / President - CEO

Address 19710 Honey Bear LN

North Fort Myers, FL 33917

Name and Title: Elizabeth Clifton / CFO

Address: 19710 Honey Bear LN

North Fort Myers, FL 33917

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

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: Elizabeth Clifton
Address: 19710 Honey Bear LN
North Fort Myers, FL 33917

ARTICLE VII INCORPORATOR

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

Name: Elizabeth Clifton
Address: 19710 Honey Bear LN
North Fort Myers, FL 33917

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

Elizabeth Clifton
Required Signature/Registered Agent

8/15/15
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.

Elizabeth Clifton
Required Signature/Incorporator

8/15/15
Date