P150000073133

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000276492350

08/31/15--01007--020 **78.75

15 AUG 31 AN 1:43

SEP 0 8 2015 W PAINTER

COVER LETTER

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

SUBJECT:	LIKSTYLE	NEITA	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	SHA20N Name	(Printed or typed)	
	7720 ISA	AGELLA I	DR APTB
	PORT R	ICHEY F	-C34668
		State & Zip 7-860 elephone number	l
***************************************	sharande	,329 Q Y	ahoo.com
	F-mail address: (to be used		

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 I NAME The name of the corporate	<u>[E</u> pration shall be:_	CLIKST	100	1 / 1 / 0 !	<u> </u>	
RTICLE II PRI	NCIPAL OFFIC Principal <u>stre</u>	<u>CE</u> et address		Mailing address, it	f different is:	
720150	belle	7B	 .			
	uy Fr	34668				
RTICLE III PUR	POSE h the corneration	is organized is:	10 0m	rde.		
1 VA FOLY	1 CO TIE	TIS OI GAILIZEU IS,	000000	s Ser)(a))
						-
					-	
ne number of shares	of stock is:	,				
ne number of shares	of stock is:	,500 SAND/OR DIRECTO SAND/OR DIRECTO WWW. Sabella.Dr By Lhew 34668	RS Solution Address:	e:		
RTICLE V INIT Name and T Address	TAL OFFICERS tle: STATE TALOFFICERS TAC PORT	SAND/OR DIRECTOR School DY Richey 34668	Name and Title			
ne number of shares RTICLE V INIT Name and T Address	of stock is:	SAND/OR DIRECTOR School DY Richey 34668	Name and Title Address: Name and Title		39m	
RTICLE V INIT Name and T Address Name and Ti	of stock is:	SAND/OR DIRECTOR School WONG School OD RICHEN 34668	Address: Name and Title Address: Address:			
RTICLE V INIT Name and T Address Name and Ti	of stock is:	SAND/OR DIRECTOR	Name and Title Address: Name and Title Address:			
RTICLE V INIT Name and T Address Name and Ti Address	of stock is:	SAND/OR DIRECTOR	Name and Title Address: Name and Title Address:	e:		fi
Name and To	of stock is:	SAND/OR DIRECTOR	Name and Title Address: Name and Title Address: Name and Title	e:		

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box N	0.0
Name: SHAROW L	NONG C
Address: 7720 ISC	bella Dr B
Port Rici	rey Fr 34668
ARTICLE VII INCORPORATOR	De Jag
The <u>name and address</u> of the Incorporator is:	ω Company
Name: SHARON	WONG
Address: 7720 IS	abello Dr B
and Qu	ho. fc 34668
VOIT TIE	
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	. (OPTIONAL)
days after the filing.)	pecific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not m	eet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	f State's records.
Having been named as registered agent to accord	service of process for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the	ppointment as registered agent and agree to act in this capacity
Sharo Wan	8128/15
Required Signature/Reg	Stered 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.
Show ho	8 38 15
Required Signature/Incorporator	Date

COVER LETTER

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

SUBJECT: CLIKSTYLE. NET 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: _	SHARON	(Printed or typed)		
7720 ISABELLA DR APTB				
PORT PICHEY FL34668				
City, State & Zip				
727) 267-8660 Daytime Telephone number				
sharand6329@ yahoo.com				
E-mail address: (to be used for future annual report notification)				
NOTE: Please provide the original and one copy of the articles.				

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: SHAROW WONG	
Address: 7720 Isabella	D B
Port Richey F	1 34668
ARTICLE VII INCORPORATOR	**************************************
The name and address of the Incorporator is:	
Name: SHARON WON	
Address: 7720 Isobella Port Richey	FC 34668
ARTICLE VIII _EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cann days after the filing.)	
<u>Note:</u> If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re	is for the above stated corporation at the place designated in rgistered agent and agree to act in this capacity
Sharo Wone	8128/15
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felo.	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
Show Way	8/28/15
Required Signature/Incorporator	Date

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:	YLE NET - I	VC
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing addr	ess, if different is:
772015abelle Dr B		
Port Richen Fr 34668		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	To proade	
information tell	andlogy se	ruices
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title:	Name and Title:	
Address 72015000100D	Address:	
Fr. 34668)	5
10 2100		5 S
Name and Title:		40 - 1
Address		
Name and Title:		
Address	Address:	

COVER LETTER

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

SUBJECT: BEI	RGERON CONSTRUCTION SERV	ICES, INC.	
	(PROPOSED CORPO	ORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	e articles of incorporation and	d a check for:
☐ \$70.0 Filing Fe	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	N	Name (Printed or typed)	
	1698 E. ZYRIAN PLACE	Add	
	HERNANDO, FL. 34442	Address	
		City, State & Zip	
	(352) 464-4684		
	Daytin	ne Telephone number	
	DADDYDUCT8@AOL.COM		
	E-mail address: (to be	used for future annual report	notification)

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