

P/5000085672

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

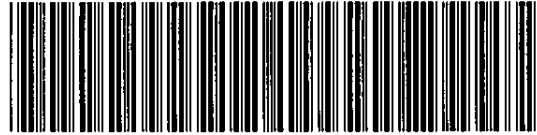
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
15 OCT 19 AM 10:06

## COVER LETTER

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

SUBJECT: C & L L Solutions Inc. 2  
(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: LaCorra Handsford  
Name (Printed or typed)  
P.O. Box 61  
Address  
Tallahassee, Florida. 32302  
City, State & Zip  
850 508 2411  
Daytime Telephone number  
cl@cdl solutions inc. 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: C & LL Solutions Inc 2

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15 OCT 19 5:55

ARTICLE II PRINCIPAL OFFICE

Principal street address

2801 Chancellorsville Drive  
Unit 1004  
Tallahassee, Florida. 32312

Mailing address, if different is: P.O. Box 61  
TALLAHASSEE, FLORIDA

Tallahassee, Florida  
32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LaCora Handsford - Founder

Address

P.O. Box 61 - CEO  
Tallahassee, FL. 32302

Name and Title: Christopher B. Levens - President

Address

P.O. Box 61  
Tallahassee, FL. 32302

Name and Title: La Corey B. Levens - V. President

Address

P.O. Box 61  
Tallahassee, FL. 32302

Name and Title: Lewis Handsford - Manager

Address

P.O. Box 61  
Tallahassee, FL. 32302

Name and Title: Temberly Mitchell - Assi. Manager

Address

P.O. Box 61  
Tallahassee, FL. 32302

Address

(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: LaCora Handsford  
Address: 2801 Chancellorsville Dr. Unit 1004  
Tallahassee FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LaCora Handsford  
Address: 2801 Chancellorsville Dr. Unit 1004  
Tallahassee FL 32312

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

[Signature]  
Required Signature/Registered Agent

10-5-15  
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.

[Signature]  
Required Signature/Incorporator

10.5.15  
Date