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(Re	equestor's Name)	
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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DEPARTMENT OF STATE

FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

McCloud Advisors Inc.

SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	HDE SHEFIX)
Enclosed are an orig	inal and one (1) copy of the ar		
□ \$70.00	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	uidus Mundoma		
326	Nam 0 Longleaf Rd.	e (Printed or typed)	
Tall	ahassee, FL 32310	Address	
850	-980-6666	State & Zip	
	Daytime 1 udius@McCloudAdvisors.com	Celephone number	
	E-mail address: (to be use	d for future annual report	notification)

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the benefit		+vc.			
<u>ARTICLE II PRINC</u>	CIPAL OFFICE Principal street address	Mai	iling address, if o	Hiterent is	
3260 Longleaf Rd.					
Tallahassee, FL 3231	10				
·	-9-				
ARTICLE III BENEFI	T STATEMENT AND BUSINESS PUR	POSE		95% 19	
The corporation elects to The purpose for which to	o be a benefit corporation in accordance the corporation is organized is to create a visory services to students and their p	with s. 607.603, F.S. general public benefit as	nd:	資 網 32	
Guide clients in plann	ing for education and careers.				
Provide financial plan	ning options for clients focused on ec	ducation and career pl	anning.		
follows (optional):	ific public benefit(s) to be created by the	•			as
	e and effectively manage the element	ary school to college p	ipeline by pro	viaing	
expert guidance and	advsisory services.				
Help families prepare	for the financial demands of college	and how to manage it	effectively		
ARTICLE IV SHAR, The number of shares of			,,,	···· <u> </u>	
ARTICLE V INITIA	AL OFFICERS, DIRECTORS, BENEFIT	T DIRECTOR AND BE	<u>NEFIT OFFICI</u>	ER (if Applica	(ble)
Name and Title	Claudius Mundoma (MGR-MBR)	Name and Title:		1	
	3260 Longleaf Rd			7	
Address	Tallahassee, FL 32310	Address:		/ #	
		<u> </u>	/	/ *	
	,	_			
Name and Title	:	Name and Title:			
Address		Address:			<u>. </u>
			/	<u> / </u>	
	/ '-				

Name and	d Title:	Name and Title:	
Address		Address:	
lf applica	ble, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:	
Name :		Name:/	
Address		Address:	
The name and Flo Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acce Claudius Mundoma 3260 Longleaf Road Tallahassee, FL32310	SECTED TAIL AND THE SECTED THE SE	.
	dress of the Incorporator is:	5 J	
Name:	Claudius Mundoma		jeş
Address:	3260 Longleaf Road		, ,
Address:	Tallahassee, FL 32310	N	
<u>ARTICLE VIII</u>	ADDITIONAL QUALIFICATIONS OF	BENEFIT DIRECTOR, IF ANY:	
PART (VIII)	Effective Date:	JANUARY 16, 2016	
		f process for the above stated corporation at the place des ent as registered agent and agree to act in this capacity	signated in
	Ala	01/14/2016	
	Required Signature/Registered A		
i submit this doci document to the L	ument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. I am aware that the false information subn ree felony as provided for in s.817.155, F.S.	nitted in a
	ald	01/14/2016	
·	Required Signature/Incorporation	or Date	