## P16000024208

	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UF	P . MAIL MAIL
	(Business Entity Name)
	,
	(0
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Eiling Officer
Special instructions	to Filling Officer.

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## COVER LETTER -

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

i,

SUBJECT:	(PROPOSED CORPOR	ogies, Inc	
	(PROPOSED CORPORA	WE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the ar	ticles 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 o Status
		ADDITIONAL CO	PY REQUIRED
	Justin Westfall Nam 603 McCain C		
	allahassee, Flori City		
	850-274-573 Daytime	Celephone number	<del></del>
<u>_2</u> ,	Stin.WestFall 90 (E-mail address: (to be use	d for future annual report r	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)

	poration shall be: Clark Technol	ogies, INC		<del></del>
<u>ARTICLE II PR</u>	RINCIPAL OFFICE Principal street address	Mailing add	lress, if different is:	
3534 Ar	Palachee Sky, Unit 7	2201 WN	ndermere ce FL, 32	Rel
Tallahassee,	FL 32311	Tallahasse	e FL, 32	3//
ARTICLE III PU The purpose for whi	ich the corporation is organized is:	nd all lawf.n	bus.10055	
Toda .			<b>2</b> 033	5 25 20
				= [
ARTICLE IV SH	s of stock is:		H.CHOME	MH 11: 42
Name and	ITIAL OFFICERS AND/OR DIRECTORS  Tille: JUSTIN WESTGIIP	residest		
	2603 McCan Ct			
	Tallahassoe, FL 3301			
Name and T	Tille: AbdelKasen Elsaka	Name and Title:		
Address	2201 Windermele Ad	Address:	74-11	
	Tallahassee FL, 323/1	<del></del>	TO THE CONTROL OF	<del>.</del>
	Vice plesident			<del></del>
Name and T	itle: Omas Elsaka	Name and Title:		
Address	2201 windernese Bo		<del>,</del>	
	Tallahassee FL 323/	·		
	Vice Mesident			

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE IA	DECISTEDED ACENT	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	The registered agent is:
Name:	Justin Westfall	-
Address:	2603 McCan (+	_
	Tallchasser, FC 3230)	-
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ac	ddress of the Incorporator is:	
Name:	Justin Westfall	
Address:	2603 McCan Ct	
	Tallchasue, FL 32301	-
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if (If an effective d days after the fil		
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nar this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
-	Required Signature/Registered Agent	3/17/16 Date
I submit this doc	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a
M		3/17/16
/ Requ	ired Signature/Incorporator	Date