P16000072727

(Re	equestor's Name)	
(Ad	ldress)	***
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
	ocument Number	,
(DC	ocument Number,	,
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





300289542433

08/29/16-+01020-+010 **78.75

16 AUG 29 AH 10: 25

SECRETARY OF STATE: SYVISION OF CORPORATIONS

2 09/07/18

COVER LETTER

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

SUBJECT: CLI	EAN CAMP INC.				
30D312211	(PROPOSED CORPOR	VIE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	I a check for:		
☐ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	SHOMAYO MORGAN				
	Name (Printed or typed)				
	8145 PINNACLE PASS WAY				
	Address				
	BOYNTON BEACH FL 33474				
	City. State & Zip				
	5614944602				
	Daytime Telephone number				
	CLEANCAMP16@GMAIL.COM				
	E-mail address; (to be us	ed 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)

The name of the corporati	on shall be:		် ခ ်
ARTICLE II PRINCI I 8145 PINNACLE PASS	Principal street address	Mailing address, if	(*)(
BOYNTON BEACH FL			ري الم
			3
ARTICLE III PURPO The purpose for which the	<u>SE</u> e corporation is organized is:	ND ALL LAWFUL BUSINESS	TIONS 25
		·	
	- ·		
	<i>L OFFICERS AND/OR DIRECTORS</i> SHOMAYO MORGAN	Name and Title: PRESIDENT	
Address	STAS DININACT E DASS WAY	Address:	
	BOYNTON BEACH FL 33474		
Name and Title		Name and Title:	
Address			
Addicas			
Name and Title:		Name and Title:	
Name and Title: Address			

Name an	d Tifle:	Name and Title:	
Address			
	REGISTERED AGENT Iorida street address (P.O. Box NOT accepta	ole) of the registered agent is:	
Name:	SHOMAYO MORGAN	-	
Address:	8145 PINNACLE PASS WAY		9
	BOYNTON BEACH FL 33474		SECRE VISION 16 AUG
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		29 29
The <u>name and a</u>	ddress of the Incorporator is:		ORFORATION 25
Name:	SHOMAYO MORGAN		S 17.
Address:	8145 PINNACLE PASS WAY		2 S. S.
7100 630.	BOYNTON BEACH FL 33474		0,
Effective date, if (If an effective days after the f	iling.)	cannot be more than five business days prior of the control of the	
		process for the above stated corporation at the pla as registered agent and agree to act in this capac	
	S. mol o.o. n Required Signature/Registered Age	8-24	Date
	Required Signature/Registered Age	11	Date
	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information efelony as provided for in s,817.155, F.S.	on submitted in a
	2. Ma Caan	8.2	4-16
Rea	タッカンではない uired Signature Incorporator		Date