

P17000001309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE  
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TALLAHASSEE, FLORIDA  
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FINING CANCELLED  
RETURNED CHECK

1-6

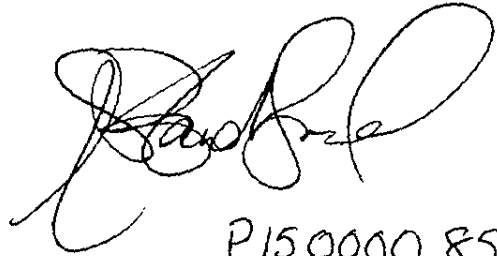
KB

FINING CANCELLED  
RETURNED CHECK

Lalora Zandsford of  
C & L Solutions Inc. 2

has no intentions of  
reinstalling

C & L Solutions Inc. 2



P150000 85672

01-06-17

FILED  
17 JAN -6 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FINING CANCELLED  
RETURNED CHECK

COVER LETTER

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

SUBJECT: C & LL Solutions Inc. 2 <sup>EIN#</sup> 37 1731708  
(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: C & LL Solutions Inc. 2  
Name (Printed or typed)

P.O. Box 61  
Address

Tallahassee Florida 32302  
City, State & Zip

850.508.2411  
Daytime Telephone number

cto@card/solutionsinc.com  
E-mail address: (to be used for future annual report notification)

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

FINING CANCELLED  
RETURNED CHECK

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

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2608 Hemmingwood PL  
Tallahassee, FL 32312

P.O. Box 61  
Tallahassee, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LaCora Hardford - Founder - CEO

Address

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

Louis Hardford - Manager

Address:

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

Temberly Mitchell - A. Manager

Address

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

Name and Title:

Christopher Levens Jr. - President

Address

P.O. Box 61  
Tallahassee, FL 32302

Name and Title:

LaCorey Levens - VP

Address:

P.O. Box 61  
Tallahassee, FL 32302

# FINING CANCELLED RETURNED CHECK

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: LaCoria Handford  
Address: 2608 Hemmingwood Pl  
Tallahassee FL 32312

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LaCoria Handford  
Address: P O Box 61  
Tallahassee FL 32302

## ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1.6.17 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1.6.17  
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

1.6.17  
Date