P/7000050368

(Requestor's Name)				
(Address)				
(Addre	ess)			
(City/s	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Na	me)		
(Docu	ment Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				



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W17-040170

Office Use Only

06/12/17



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2017

THOMAS COLLINS 1691 EISENHOWER AVE. MELBOURNE, FL 32935

SUBJECT: CLEAN LINE INC. Ref. Number: W17000040170

We have received your document for CLEAN LINE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P92000001085.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 917A00009285



COVER LETTER

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

SUBJECT: Clear L	ine International Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	omas Collins Nam	e (Printed or typed)	
		Address	
Mc	lbourne, Florida 32935	radios	
	City,	State & Zip	
(32	1) 480-0704		
	Daytime 1	elephone number	
tom	32935@hotmail.com		
	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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RIICLE II PRIM	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing ac	Mailing address, if different is:	
1691 Eisenhower avenue, Melbourne, Florida 32935		P.O. Box 300069, Fern Park, Florida 32		
RTICLE III PURPO ne purpose for which t	OSE Profit he corporation is organized is:	from office telephone sales		
RTICLE IV SHAR	<u>ES</u> , . 100		WHAY -9 A	
	stock is:		AH 8: 32	
Name and Title	Thomas Collins - President	Name and Title:		
Name and Title	1691 Eisenhower avenue	4.55		
Address	1691 Eisenhower avenue	Address: Name and Title: Address:		

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
			
			
	REGISTERED AGENT Florida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Patrica Henson	table) of the registered agent is.	
Address:	1166 Carmel Circle, #220		
	Casselberry, Fl 32707 - 6455		
ARTICLE VII	<u>INCORPORATOR</u>		MANY -9 ALEU
The name and a	address of the Incorporator is:		
Name:	Thomas O. Collins		8: 33
Address:	1691 Eisenhower Avenue		ω ω
	Melbourne, Fl 32935		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONA d cannot be more than five days	AL) s prior or 90 days after the
	te inserted in this block does not meet the appeter effective date on the Department of State's r		ents, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of I am familiar with and accept the appointme	process for the above stated cor nt as registered agent and agree t	poration at the place designated in to act in this capacity
4	Patricia apleum		6/6/2017
	Required Signature/Registered Ag	ent	Date
	ocument and affirm that the facts stated her Department of State constitutes a third degi		
1/2	Q.		6/6/2017
Req	uired Signature/Incorporator		Date