

PT7000083783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

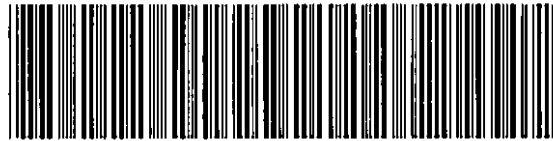
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OCT 18 2017



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17 OCT 18 AM 11:06

17 OCT 18 PM 1:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/18/17

****WALK IN****

ENTITY NAME Orange Klik Company

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XX Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED

78.75

CHECK #

4142

FILED
STATE
OCT 18 PM 1:00
TALLAHASSEE, FLORIDA

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Orange Klik Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

304 Indian Trace, #917

Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Augustas Kligys, Director

Address: Schossergasse 11

Pirna, Sachsen, Germany

01796

Name and Title: Augustas Kligys, Treasurer

Address: Schossergasse 11

Pirna, Sachsen, Germany

01796

Name and Title: Augustas Kligys, President

Address: Schossergasse 11

Pirna, Sachsen, Germany

01796

Name and Title: _____

Address: _____

Name and Title: Augustas Kligys, Secretary

Address: Schossergasse 11

Pirna, Sachsen, Germany

01796

Name and Title: _____

Address: _____

17 OCT 18 PM 1:00
SECRETARY OF STATE
FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: InCorp Services, Inc.

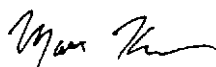
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Ed Tsuji

Address: 187 E. Warm Springs Rd., Ste. B
Las Vegas, NV 89119

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



Matthew Knee, Asst. Sec.

10/17/2017

Required Signature/Registered Agent

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.



Ed Tsuji, Incorporator

10/17/2017

Required Signature/Incorporator

Date

17 OCT 18 PM 1:00
 DEPT. OF STATE
 DIVISION OF CORPORATIONS