

# P19000030113

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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DIVISION OF CORPORATIONS  
19 APR -5 AM 8:29

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Cline & Co. Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2019 APR -5 AM 8:24

**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: Cline & Co. Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

870 S. Collier Blvd, Unit 604870 S. Collier Blvd, Unit 604Marco Island, FL 34145Marco Island, FL 34145**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate InvestmentFILED  
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Name and Title: \_\_\_\_\_

Address 870 S. Collier Blvd, Unit 604

Address: \_\_\_\_\_

Marco Island, FL 34145

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: Blumbergexcelsior Corporate Services, Inc.  
 Address: 155 Office Plaza Drive, 1st Fl.  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ana Maisonave  
 Address: 16 Court St  
Brooklyn, NY 11241

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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.*  
 Asst. Secretary, Jose Mojica

\_\_\_\_\_  
 Required Signature/Registered Agent

04/05/2019

\_\_\_\_\_  
 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.*

Ana Maisonave  
 Required Signature/Incorporator

04/05/2019

\_\_\_\_\_  
 Date