

P190000030585

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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APR 10 2019



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2019 APR 10 PM 12:07
CLERK

04/10/19--01006--008 **210.00

19 APR 10 PM 1:26

FILING CANCELLED
DUE TO RETURNED CHECK

COVER LETTER

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

FILING CANCELLED
DUE TO RETURNED CHECK

SUBJECT: C & L L Solutions Inc. 2
(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: LaCorra Handsford
Name (Printed or typed)
2344 Tuscanilla Road
Address
Tallahassee, FL 32312
City, State & Zip
850 508 2411
Daytime Telephone number
lacorra@lacorra and company.com
E-mail address: (to be used for future annual report notification)

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

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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 & L L Solutions Inc. 2

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2344 Tuscanilla Road
Tallahassee, FL 32312

P.O. Box 61
Tallahassee, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Event Consulting & Planning

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2018 APR 10 PM 12:07
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LaCora Handsford, CEO

Address

P.O. Box 61
Tallahassee, FL 32302

Name and Title:

Lewis Handsford, Manager

Address:

P.O. Box 61
Tallahassee, FL 32302

Name and Title:

Christopher B. Levens, President

Address

P.O. Box 61
Tallahassee, FL 32302

Name and Title:

LaCorey B. Levens, Vice President

Address:

P.O. Box 61
Tallahassee, FL 32302

Name and Title:

Temberly I. Mitchell, Secretary

Address

P.O. Box 61
Tallahassee, FL 32302

Name and Title:

Address:

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DUE TO 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:

LaCora Handford

Address:

2344 Tuscanilla Road
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

LaCora Handford

Address:

P.O. Box 61
Tallahassee, FL 32302

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-10-19 (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

[Signature]
Required Signature/Registered Agent

4-10-19
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

4-10-19
Date

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2019 APR 10 PM 12:07
CLERK OF COURT
TALLAHASSEE, FL

Page, Keyna

From: LaCora & Company Inc
Sent: Wednesday, April 10, 2019 3:24 PM
To: Page, Keyna
Subject: Businesses

EMAIL RECEIVED FROM EXTERNAL SOURCE

Hello Kenya, Thanks for being so great.

I'm just looking over the filing.
May I have the EIN numbers added.

**FILING CANCELLED
DUE TO RETURNED CHECK**

C & L L Solutions Inc. 2 37 1731708
Add ein and this how it should be titled C & L L Solutions Inc. 2

Thanks
LaCora

Sent from my iPhone