P19000030585

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W.W 719A-7209				

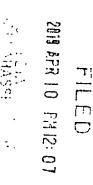
Office Use Only

K. PAGE.

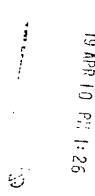
APR 1 0 2019



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DUE TO RETURNED CHECK

COVER LETTER

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

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SUBJECT:	2 & LL Solus	HONS INC. 2		
SUBJECT	(PROPOSED CORPORAT	E NAME - MUST INCLU	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic			
₩ \$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:	72344 Tallahasser City. 850	Printed or typed) (Printed or typed) USCANIA Address State & Zip 508 2411 elephone number	Road 312	
_	acora a la cora	and Compa	en J. Cam	

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\$ LL Solutions Inc. 2
ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is:
2344 Tuscanila Road P.O. Box 6/ Tallahassee, Fr. 32312 Tallahassee, Fr. 32302
The purpose for which the corporation is organized is: Event ConSutting & Hanning
20 18 · · · · · · · · · · · · · · · · · ·
A STATE OF THE STA
PH D
ARTICLE IV_SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: a Gova - Funds ford, CEO Name and Title: eWS thicks ford, Narager Address PO Box 6 Address: PO Box 6 Talla hassee, T. 32362
Name and Title: Christopher B. Levens T. President La Corey B. Levens Fresident 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Address POBOX G Address: POBOX G Tallahassep to 32302
Name and Title: Con lay 1. Mitchell Secretary Name and Title:
Address POBOX 6/1 Address:
32302

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Name and Title		Name and True	
Address		Address:	
ANGLE PL DECL	ereben (CENT		
ARTICLE VI REGI The name and Florida	street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	La Cora tanàsara	<u></u>	
Address:	2244 Tuscavilla Ke	oad .	**
Address.	To Un hissen to	323/2	2019
	Machon Co		#PR
ARTICLE VII INCO	DRPORATOR		10
The name and address	of the Incorporator is:		F D
Name:	La Cova tring Sta	rd	22
	PO Box 6		07
Address:	Talla SCP. T	1 323C	
	and resser, e	<u> </u>	
<u> ARTICLE VIII _EFF</u>	ECTIVE DATE:	G	
Effective date, if other	than the date of filing:		
filing.)	s usion, the date must be specific and ca	mnor be more than tive days pr	ior or youngs after the
Note: If the date inser	ted in this block does not meet the applica	able statutory filing requirements	s, this date will not be listed as
the document's effecti-	ve date on the Department of State's recor	rds.	
Having been named(a	s registered agent to accept service of pro	ocess for the above stated corpor	ration at the place designated in
this certificate, I am fa	imiliar with and accept the appointment a	s registered agent and agree to a	ct in this capacity
	Valley OCC		4-10-19
·	Required Signature/Registered Agent		Date
I submit this document	nt and affirm that the facts stated herein riment of State copstitutes a third degree f	are true, I am aware that the fo felony as provided for in s.817.13	ulse information submitted in a 55, F.S.
	Dard a	, ,	4-17-19
0.55.5/515	1 V W		

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.

. . -----

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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