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

From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

**\*\*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**  
**ClearSight Inc.**

Certificate of Status	0
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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: ClearSight Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

C/O Schneider CPA12973 S.W. 112th Street, Suite 316Miami, FL 33186**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to provide consulting services and to conduct any other activities  
permitted to be conducted by a corporation incorporated under the Florida Business Corporation Act.**ARTICLE IV SHARES**The number of shares of stock is: 100 shares common stock, \$.01 par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ori Carmel, Director, Pres & Sec

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

Address

C/O Schneider CPA

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

12973 S.W. 112th Street, Suite 316Miami, FL 33186

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

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

Address

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

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

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

Address

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ori Carmel  
Address: 12973 S.W. 112th Street, Suite 316  
Miami, FL 33186

**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*

By: Ann J. Williams ANN J. WILLIAMS  
Required Signature/Registered Agent Special Assistant Secretary 10/7/2019  
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.*

Ori Carmel  
Required Signature Incorporator 10/3/19  
Date