

P20000647105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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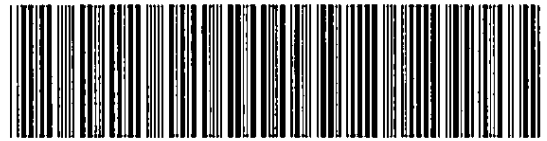
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FALLAHASSER, FETTER

## COVER LETTER

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

SUBJECT: CLIFF'S and EARL, INC.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: CLIFFORD LAWRENCE  
Name (Printed or typed)

7025 WILLOWWOOD ST.  
Address

CLIAIDO FL 32818  
City, State & Zip

407-716-5284  
Daytime Telephone number

YANICKAMC23@EMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

# 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: CLIFF'S AND EARL, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7025 Willowwood ST  
Orlando, FL 32818

P.O. BOX 681583  
Orlando, FL 32

## ARTICLE III PURPOSE

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

## ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clifford Lawrence Name and Title: \_\_\_\_\_  
Address 7025 Willowwood ST Address: \_\_\_\_\_  
Orlando, FL 32818  
\* President \*

Name and Title: Earl Lawrence Name and Title: \_\_\_\_\_  
Address 7025 Willowwood ST Address: \_\_\_\_\_  
Orlando, FL 32818  
\* Vice President \*

Name and Title: Dulferia Lawrence Name and Title: \_\_\_\_\_  
Address 7025 Willowwood ST Address: \_\_\_\_\_  
Orlando, FL 32818  
\* Sec // Tres. \*

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: Mrs. Pauline Taylor

Address: 1939 Shannon Lane

Apopka, FL 32703-7655

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Mrs Yarnicka Mims, McCre

Address: 3827 Weetamoo Circle

Orlando, FL 32818

**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*

Pauline L Taylor

Required Signature/Registered Agent

5/23/2020  
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.*

Yarnicka Mims, McCre

Required Signature/Incorporator

Date 5/22/2020

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Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: CLIFFORD LAWRENCE  
Name (Printed or typed)

7025 WILLOWWOOD ST.  
Address

ORLANDO, FL. 32818  
City, State & Zip

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Daytime Telephone number

Yanickamc23@gmail.com  
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Orlando, FL 32818  
\* President \*

Name and Title: Earl Lawrence Name and Title: \_\_\_\_\_  
Address 7025 WILLOWWOOD ST. Address: \_\_\_\_\_  
Orlando, FL 32818  
\* Vice President \*

Name and Title: Dulferia Lawrence Name and Title: \_\_\_\_\_  
Address 7025 WILLOWWOOD ST. Address: \_\_\_\_\_  
Orlando, FL 32818  
\* Sec // Tres. \*

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: Mrs. Pauline Taylor

Address: 1939 Shannon Lane  
Apopka, FL 32703-7685

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ms. Yanicka Mims McGee

Address: 3827 Weetamoo Circle  
Orlando, FL 32818

**ARTICLE VIII EFFECTIVE DATE:**

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

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Pauline L Taylor  
Required Signature Registered Agent

5/22/2020  
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.*

Yanicka Mims McGee  
Required Signature Incorporator

5/22/2020  
Date