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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

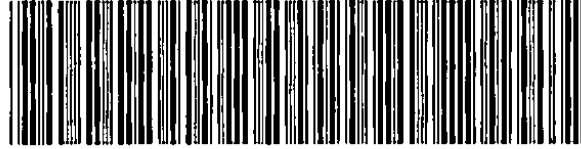
(Business Entity Name)

(Document Number)

d Copies _____ Certificates of Status _____

ial Instructions to Filing Officer:

Office Use Only



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09/04/20--01018--014 **70.00

2020 SEP -4 PM 3:53
STATE
OFFICE

COVER LETTER

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

SUBJECT: Clear Safety Solutions, 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
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: Shirley Heisler
Name (Printed or typed)

821 Omar Rd
Address

West Palm Beach, FL 33405
City, State & Zip

561-309-6452
Daytime Telephone number

clearsafety solution@gmail.com
E-mail address: (to be used for future annual report notification)

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

2008 SEP -4 PM 3:53

Clear Safety Solutions, inc.
821 omar Rd.
West Palm Beach, Fl. 33405
561-309-6452

September 21, 2020

To Whom It May Concern:

This is a letter stating that we have no intention of reinstating the "not for profit" corporation Clear Safety Solutions, Inc. As previously stated the corporation was ACCIDENTALLY set up as a "not for profit" corporation. There is absolutely no intention of reinstating Clear Safety Solutions, Inc as a "not for profit" corporation. Please file the articles of incorporation for the "not for profit" entity named Clear Safety Solutions, Inc. as soon as possible.

I am attaching copies of all the previous letters and other information.

Thank you for your assistance in expediting this matter.

Sincerely,


Shirley Heisler

2020 SEP -14 PM 3:53
STATE
OFFICE

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: Clear Safety Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

821 Omar Rd

West Palm Beach, Fl. 33405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide clear safety panels and Barriers
for Virus, germ, cough and Sneeze protection
of employees, customers and individuals
in all types of business and personal
applications

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew F. O'Brien ^{President} Name and Title: _____

Address 821 Omar Rd Address: _____

West Palm Beach,
Fl. 33405

Name and Title: Shirley H. Heisler ^{VP} Name and Title: _____

Address 821 Omar Rd. Address: _____

West Palm Beach,
Fl. 33405

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020 SEP - 4 PM 3:58
FILE

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: Shirley H. Heisler
Address: 821 Omar Rd.
West Palm Beach, FL 33405

ARTICLE VII INCORPORATOR

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

Name: Shirley H. Heisler
Address: 821 Omar Rd
West Palm Beach, FL 33405

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/15/20 (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:

Shirley H. Heisler
Required Signature/Registered Agent

8/20/20
Date

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.

Shirley H. Heisler
Required Signature/Incorporator

8/20/20
Date

2020-8-20 3:53 PM
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