

P21000079659

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Clarkson Consulting Corp.

Certificate of Status	0
Certified Copy	1
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September 8, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: CLARKSON CONSULTING CORP.
REF: W21000121421

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Matthew T Moon

Regulatory Specialist II Supervisor
New Filing Section

FAX Aud. #: B21000332652

Letter Number: 721A00021570

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: Clarkson Consulting Corp.

ARTICLE II PRINCIPAL OFFICE

Principal ~~direct~~ address

Mailing address, if different is:

13099 SW 28th St.

68256 W Fork Milligoma Rd

Miramar FL 33027

Coos Bay OR 97420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity or business permitted under
the laws of the United States and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carli Clarkson, President

Name and Title: _____

Address 13099 SW 28th St.

Address: _____

Miramar, FL 33027

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Carli Clarkson, President

Address: 13099 SW 28th St.

Miramar, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carli Clarkson, President

Address: 13099 SW 28th St.

Miramar, FL 33027

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:

[Signature]

9/7/2021

Required Signature/Registered Agent

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 §817.155, F.S.

[Signature]

9/7/2021

Required Signature/Incorporator

Date