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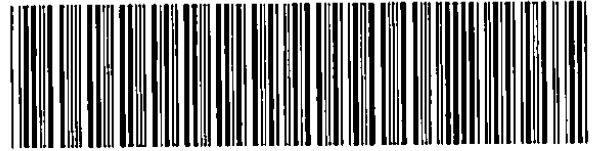
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 JAN 30 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cloud Shadows, 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: Yvonne S. Gwyn
Name (Printed or typed)

3240 Lubitz Drive, West
Address

Tallahassee, FL 32309
City, State & Zip

850 - 242 - 1919
Daytime Telephone number

ygwyn7@aol.com
E-mail address: (to be used for future annual report notification)

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

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23 JAN 30 PM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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: Cloud Shadows, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3240 Whitney Drive, West
Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell articles, primarily on
line through social media sites.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yvonne S. Bryan, Pres.

Name and Title: _____

Address 3240 Whitney Dr, West
Tallahassee FL 32309

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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28 JAN 30 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Noam S. Geyne
Address: 3246 Whitney Dr, West
Jacksonville, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Noam S. Geyne
Address: 3246 Whitney Dr, West
Jacksonville, FL 32309

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

Noam S. Geyne
Required Signature/Registered Agent

11-1-1
23 JAN 30 PM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL 32304
1/30/2023
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.

Noam S. Geyne
Required Signature/Incorporator

Date 1/30/2023