

P24000048371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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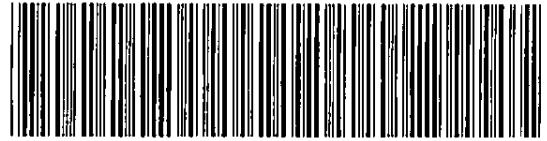
(Business Entity Name)

(Document Number)

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

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5. CHATHAM  
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CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: CLARK COASTAL CONSTRUCTION CONTROL LINE 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: GEM INSURANCE LLC  
Name (Printed or typed)

4131 SOUTHSIDE BLVD STE 109  
Address

JACKSONVILLE, FL 32216  
City, State & Zip

904-724-3854  
Daytime Telephone number

VICKI@GEM1.NET  
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: CLARK COASTAL CONSTRUCTION CONTROL LINE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1709 LOQUAT DR  
MELBOURNE, FL 32901

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE FL 32310

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JACOB CLARK CEO Name and Title: \_\_\_\_\_

Address 1709 LOQUAT DR Address: \_\_\_\_\_  
MELBOURNE, FL 32901

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: JACOB CLARK  
Address: 1709 LOQUAT DR  
MELBOURNE, FL 32901

**ARTICLE VII INCORPORATOR**

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

Name: JACOB CLARK  
Address: 1709 LOQUAT DR  
MELBOURNE, FL 32901

**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*

Jacob Clark 7/22/2024  
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 s.817.155, F.S.*

Jacob Clark 7/22/2024  
Required Signature/Incorporator Date

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