

P24000048371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

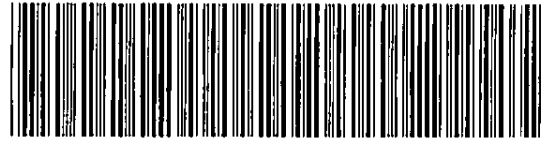
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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5. CHATHAM
JUL 23 2024

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

2024 JUL -1 AM 11:20

FILED

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 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: 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 FLORIDA

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

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TALLAHASSEE, FLORIDA

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