

P240000 68929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200439214912

FILED

2024 NOV -8 AM 9:47

SCOTT COUNTY OF STATE
TALLAHASSEE, FL

FILED

2024 NOV -8 AM 10:54

SCOTT COUNTY OF STATE
TALLAHASSEE, FL

MS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/08/2024

****WALK IN****

ENTITY NAME CLDG Management II, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

2024 NOV -8 AM 9:47
RECEIVED
TALLAHASSEE, FL

FILED

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70.00

ACCOUNT # 120160000072

Am: e [Signature]

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: CLDG Management II, 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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -8 AM 9:47

FILED

FROM: Justin Higgins
Name (Printed or typed)

1000 Riverside Avenue, Suite 600
Address

Jacksonville, Florida 32204
City, State & Zip

904-383-9525
Daytime Telephone number

Jhiggins@corner10development.com
Email 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: CLDG Management II, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1000 Riverside Avenue, Suite 600
Jacksonville, Florida 32204

Mailing address, if different is:
1000 Riverside Avenue, Suite 600
Jacksonville, Florida 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management Services for real
estate.

FILED
2024 NOV -8 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Christian Allen, President</u>	Name and Title: <u>George Leone, Vice President</u> }
	<u>Secretary</u>
Address: <u>1000 Riverside Avenue</u>	Address: <u>1000 Riverside Avenue</u>
<u>Suite 600</u>	<u>Suite 600</u>
<u>Jacksonville, Florida 32204</u>	<u>Jacksonville, Florida 32204</u>

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: Justin Higgins

Address: 1000 Riverside Avenue, Suite 600
Jacksonville, Florida 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christian Allen

Address: 1000 Riverside Avenue, Suite 600
Jacksonville, Florida 32204

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

Justin Higgins
Required Signature/Registered Agent

11/7/2024
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.

Christian Allen
Required Signature/Incorporator

11/7/2024
Date

FILED
2024 NOV -8 AM 9:47
DEPARTMENT OF STATE
TALLAHASSEE, FL