

713000020062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

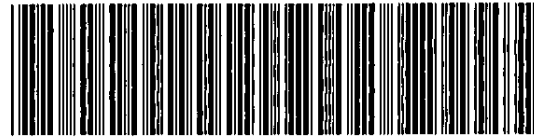
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/13--01002--011 **70.00

J. Shivers MAR 04 2013

RECEIVED
DEPARTMENT OF STATE
FALL HASSSE FLORIDA
13 MAR -4 AM 10:26
SECRETARY OF STATE
13 MAR -4 AM 10:26

COVER LETTER

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

SUBJECT: A+ Shieldmen and Glass Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 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
ADDITIONAL COPY REQUIRED			

FROM: Daniel Hart
Name (Printed or typed)

To Tom White In
Address

Crowfordville FL 32327
City, State & Zip

8504081268
Daytime Telephone number

shieldmenandglass@aol.com
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 A + Shieldmen and Glogs Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

70 Tom white ln
Crawfordville Fl 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All lawful Businesses in Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Hart CEO
Address: 70 Tom white ln
Crawfordville Fl 32327

Name and Title:
Address:

Name and Title: Lorie Kiezkowski
Address: 70 Tom white ln V.P.
Crawfordville Fl 32327

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Daniel Hart
Address: 70 Tom white ln
Crawfordville Fl 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Hart
Address: 70 Tom white ln
Crawfordville Fl 32327

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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]
Required Signature/Registered Agent

3-4-13
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.

[Signature]
Required Signature/Incorporator

3-4-13
Date

I. Dennis Hart will not reconstitute At Shouldmened Glass Inc
Doc # P11000011091. And release the Name

DWJ Hart

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SECRETARY OF STATE
TALLAHASSEE FLORIDA