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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL MAIL
· · ·	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
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SECRETARY OF STATE OF



COVER LETTER

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

SUBJECT: Certificate of Domestication Document Submission					
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:					
FEES:					
Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75					
OPTIONAL:					
Certificate of Status \$ 8.75					
Barbara Glanz Communications, Inc. Name (printed or typed)					
6140 Midnight Pass Road, #804					
Address					
Sarasota, FL 34242 City, State & Zip					
City, State & Zip					
941-312-9169					
Daytime Telephone Number					
bglanz@barbaraglanz.com					
E-mail address: (to be used for future annual report notification)					

CERTIFICATE OF DOMESTICATION

The undersigned, Barbara A. Glanz,		, President ,
	(Name)	(Title)
of	Barbara Glanz Communications, Inc	a foreign corporation,
	(Corporation Name)	
in accordance	ee with s. 607.1801, Florida Statutes, does hereb	y certify:
1. The date	on which corporation was first formed was	May 1 , 1995 .
	sdiction where the above named corporation was	s first formed, incorporated, or otherwise
came int	to being was Illinois	<u> </u>
3. The nam	e of the corporation immediately prior to the fil	ing of this Certificate of Domestication
was <u>Bar</u>	bara Glanz Communications, Inc.	•
4. The name	e of the corporation, as set forth in its articles of	f incorporation, to be filed pursuant to
s. 607.02	202 and 607.0401 with this certificate is Barbar	a Glanz Communications, Inc.
immedia Illinois	ration of the corporation, or any other equivalentely before the filing of the Certificate of Domestare Florida articles of incorporation to complet 1801.	stication was
	resident , of Barbara Glanz Communic	
so this the 1		. 2012
		,
	Barbara a Slans	<u></u> 62
	(Authorized Signatu	7.
	\mathcal{C}	Te)
		- -
	Filing Fee:	A A
	Certificate of Domestication	Φ ΕΛ ΛΛ `
	Articles of Incorporation and Certified Total to domesticate and file	\$ 50.00 en 3 d Copy \$ 78.75 \$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Barbara Glanz Communications, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 6140 Midnight Pass Road, #804
Sarasota, FL 34242

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Any and all lawful business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Barbara A. Glanz, 6140 Midnight Pass Road, Sarasota FL 34242

Erin Glanz, 1434 Southeast 27th Avenue #9 Portland, OR 97214

ARTICLE VI	INITIAL REGISTERED AGENT AND STREET ADDRE	SS
THE NAME AND FLO	ORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED	AGENT IS
Barbara A. Glanz	· · · · · · · · · · · · · · · · · · ·	<u> </u>
6140 Midnight Pa	ass Road #804	ૐ ૠ ૺ
Sarasota FL 3424		
ARTICLE VII	INCORPORATOR	
THE NAME AND ADI	DRESS OF THE INCORPORATOR IS:	9 5
Barbara A. Glanz		
6140 Midnight Pa	ass Road	0.9 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0
Sarasota FL 3424	42	V

HAVING BEEN NA	MED AS REGISTERED A	GENT AND TO ACC	EPT SERVICE OF PROCESS FO	OR THE ABOVE
STATED CORPORA	ATION AT THE PLACE D	ESIGNATED IN THIS	CERTIFICATE, I AM FAMILIA	IR WITH AND
ACCEPT THE APPO	DINTMENT AS REGISTE	RED AGENT AND AC	REE TO ACT IN THIS CAPACI	TY.
Bus Days	a. Man		April 12, 20)12

Signature/Registered Agent

Signature A. Dlans
Signature/Incorporator

April 12, 2012
Date

Date