## N17000010665

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

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

SUBJECT: Operation Ho	ot Glass Heroes Inc			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Artic	les 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	
		ADDITIONAL COPY REQUIRED		
FROM:	Mark Van Osdell	(Printed or typed)	-	
	598 First Cape Coral Drive Address			
	Winter Garden, FL 34787	1 3444 600		

563-343-9656

hotglassheroes@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME corporation shall be: Operation Hot C	Glass Heroes Inc			
ARTICLE II	PRINCIPAL OFFICE				
Principal <u>street</u> address: 598 First Cape Coral Drive		Sa	Mailing address, if different is: Same		
Winte	er Garden, FL 34787				
under section 5	r which the corporation is organized is 501c3 of the Internal Revenue Code or	corresponding section	organized exclusively for charitable purport of any future federal tax code. Upon dissenting the meaning of Section 501c3 of the I	olution of this	
Revenue Code	or corresponding section of any future	e federal tax code, or s	hall be distributed to the federal governme	nt, or to a state	
ARTICLE IV bylaws.	MANNER OF ELECTION The n	nanner in which the dir	ectors are elected and appointed:	ded in the	
ARTICLE V	INITIAL OFFICERS AND/OR DIR	RECTORS			
Name and Title:		Name and Title Address:			
	598 First Cape Coral Drive Winter Garden, FL 34787		598 First Cape Coral Drive Winter Garden, FL 34787	17 (	
Address	Garrett Van Osdell, Secretary :	Name and Titl	e: 50 50 60 70 70	00T 24 PK	
	Winter Garden, FL 34787	Address:	0.00	: : 3: 06	
Name and Title			e:		

Name and Title:_	Nar	ne and Title:	i
Address _	Add	dress:	 
-			
Name and Title:_	Nar	ne and Title:	
Address _	Add	dress:	1
_		<u> </u>	17
_	<del></del>		007
	REGISTERED AGENT	ASST.	427
The name and Fl	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	P :
Name:	Mark Van Osdell		ယ္ ် င
Address:	598 First Cape Coral Dr	——————————————————————————————————————	י
	Winter Garden, FL 34787		
	INCORPORATOR Idress of the Incorporator is:  Mark Van Osdell  598 First Cape Coral Dr  Winter Garden, FL 34787		l
Effective date, if		. (OPTIONAL) nnot be more than five days prior or 90 days after t	the filing.)
	inserted in this block does not meet the applicative date on the Department of State's records.	ble statutory filing requirements, this date will not be	listed as the
	ned as registered agent to accept service of pr amiliar with and accept the appointment as reg	ocess for the above stated corporation at the place d istered agent and agree to act in this capacity	esignated in this
1/1/2016	V _	10/19/17	
<u> </u>	Required Signature of Registered Ages		
	iment and affirm that the facts stated herein ar t of State constitutes a third degree felony as pr	e true. I am aware that any false information submitte ovided for in s.817.155, F.S.	ed in a document
mU	U	10/19/17	
~ <del>~</del> ~	Required Signature of Incorporat	or Date	<del></del>