Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Glickman, Glickman & Glickman Inc (Proposed corporate name - must include suffix) .. 900003151569 -02/29/00--01059---01059--010 \*\*\*\*\*87.50 \*\*\*\*\*87.50 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 □ \$78.75 **378.75** Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED سارا سخر۲

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

## Glickman, Glickman & Glickman, Inc. 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 Glickman, Glickman & Glickman, Inc.		
Article II: Principal Office The principal place of business/mailing address is 2251 Willowbrook Drive, Clearwat 33764.	er, Fl	
Article III: Purpose  The purpose for which the corporation is organized is to engage in lawful commercial making activities.	SECRETARY OF TALLANDSSEE, F	00 FEB 29 AM
Article IV: Shares  The number of shares of stock is one thousand (1,000).	STATE	AM II: 53
Article V: Initial Officers/Directors The President and Treasurer shall be Peter Glickman. The Secretary shall be Marlene The Vice President shall be Morgan Glickman. The initial directors are Peter Glickman Glickman and Morgan Glickman of 2251 Willowbrook Drive, Clearwater, FL 33764.		
Article VI: Registered Agent The name and Florida street address of the registered agent are Peter Glickman, 2251 Willowbrook Drive, Clearwater, FL 33764.		
Article VII: Incorporator = The name and address of the Incorporator are Peter Glickman, 2251 Willowbrook Dri Clearwater, FL 33764.	ve,	
*************	* *	
Having been named as registered agent and to accept service of process for the above state corporation place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered	ct in this te	
Signature Registered Agent Date    Description   Date   Description   De		
Signature Registered Agent Date  Date  Date  Date  Date  Date  Date  Date		
Signature/Incorporator Date		