	>C		ALL LE TER	175	5
Di P.	epartment of Sta vision of Corpor O. Box 6327 llahassee, FL 32	rations			
SU	BJECT:	GLU Gr (Proposed corp	Dorate name 1 must include st	L. uffix)	
Enc	losed is an origi	nal and one(1) copy of the articl		000004526 -08/03/011 *****78.75 check for :	\$6202 01023-016 *****78.75
	☐ \$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	State	
` .	FROM:	LISQ D Name (Pr	ADDITIONAL CO	Status PY REQUIRED	:
		HOFFMEIER ACCOUNTIN 5101 N. W. 21st AM FORT LAUDERDA	CALCESSITITE ODD	2001 AUG TALLAHA	
		· · ·	tate & Zip ephone number	I AUG -9 AM II: OI CHETARY OF STATE LAHASSEE FLORIDA	
				Þ −	

- 7.9⁶

2

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

F 8/14/01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

REGISTERED AGENT

The name and Florida street address registered agent is:

The name(s) and address(es):

ARTICLE VI

Suite +<u>n</u> CP+ Fl. 33316 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ľΥ YLYK ARICH man street Suite 46 13+12 aud 33316

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

gnature/Incorporator

Date

Date

LED