

# PO2000100074

## TRANSMITTAL LETTER

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

3000007765803--4  
-09/16/02--01039--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:

*A Glassy Touch, Inc.*

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

*Connie BRIAN*

Name (Printed or typed)

*2149 Waterfoot Lane*

Address

*JAX FL 32246*

City, State & Zip

*(904) 221-7895*

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 SEP 16 AM 9:10

FILED

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

m 9/17

**ARTICLES OF INCORPORATION**

**of**

**A Glassy Touch, Inc.**

**The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.**

**ARTICLE I. NAME**

**The name of the corporation shall be:**

**A Glassy Touch, Inc.**

**ARTICLE II. PRINCIPLE OFFICE**

**The principle place of business and mailing address of this corporation shall be:**

**2149 Waterfoot Lane  
Jacksonville, FL 32246**

**ARTICLE III. PURPOSE**

**The purpose for which the corporation is organized is:**

**Any lawful business, retail or wholesale, services or manufacturing.**

**ARTICLE IV. SHARES**

**The number of shares of stock that this corporation is authorized to have outstanding at any one time is:**

**100 voting**

**FILED**  
**02 SEP 16 AM 9:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE V. INITIAL OFFICERS/DIRECTORS**

**The names and street addresses are:**

**Connie W. Brian, President  
2149 Waterfoot Lane  
Jacksonville, FL 32246**

**Donald L. Brian, Vice-President  
2149 Waterfoot Lane  
Jacksonville, FL 32246**

**ARTICLE VI. REGISTERED AGENT**

**The name and address of the registered agent is:**

**Mark R. Patrick, CPA  
4029 Atlantic Blvd.  
Jacksonville, FL 32207**

**ARTICLE VII. INCORPORATOR**

**The name and address of the incorporator is:**

**Connie W. Brian  
2149 Waterfoot Lane  
Jacksonville, FL 32246**

FILED  
02 SEP 16 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Connie W. Brian

Signature/Incorporator

9-12-02

Date

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this 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 agent.*

[Signature]

Signature /Registered Agent

9/13/02

Date