

P02000125841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

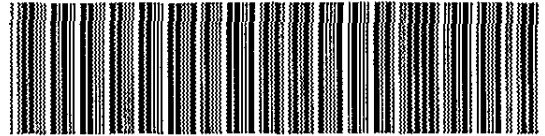
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Certified Copies _____ Certificates of Status _____

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02 NOV 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: GLOCATOR, INC.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:
\$87.50 to cover the cost of:

Filing Fee,
Certificate of Status
Certified Copy

FROM:	Name	William Duclos
	Address	301 North Highway 27, Suite A
	City, State & Zip	Clermont, FL. 34711
	Daytime Telephone	352-242-2848

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: GLOCATOR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 301 North Highway 27, Suite A
Clermont, FL. 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Manufacturer Sales Reps

ARTICLE IV SHARES

The number of shares of stock is: 100,000 no par

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

William J. Duclos
301 North Highway 27, Suite A
Clermont, FL. 34711

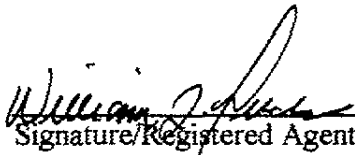
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William J. Duclos
301 North Highway 27, Suite A
Clermont, FL. 34711

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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.

 _____ 11/8/02 _____
Signature/Registered Agent Date Signature/Incorporator Date