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_				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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TRANSMITTAL LETTER



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

SUBJECT:	Glow Glove C (PROPOSED CORPORAT	CORPORATION	7	
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	IDE SUFFIX)	•
Enclosed are an or	iginal 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	& Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	John Neil	Printed or typed)	R.	
	10916 Rock	ddress		
	Riverview City,		3569	
	(63) Daytime Te	748 - 1096 elephone number		2 70
				RECEIVED
	NOTE: Please provide the ori	iginal and one copy of	the articles.	ED 17: 16

1001-7057



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 25, 2004

JOHN NEIL KENNY, SR. 10916 RODEO LANE RIVERVIEW, FL 33569

SUBJECT: GLOW GLOVE CORPORATION

Ref. Number: W04000007937

We have received your document for GLOW GLOVE CORPORATION, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Letter Number: 904A00012714

Stacy Prather Document Specialist Supervisor New Filings Section

ARTICLES OF INCORPORATION	ORigh
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Glow Glove Corpo	ration
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 10916 Rodeo LAN Riverview, Florida	16 33569
	-
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To MAKE, MARKE A Pratent Product, The Glow Glove.	T, Je,1"
ARTICLE IV SHARES The number of shares of stock is: 10,000 (Ten Thousand	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	O4 HAR SEURE A
John Neil Kenny SR.	SSE TO
10916 Rodéo LANE Riverview, Florida, 33569	AH 9: 3
ARTICLE VI REGISTERED AGENT	9 IDA
The <u>name and Florida street address</u> of the registered agent is: John Ne. Kenny Sr.	
10916 Rodeo LAYE	
ARTICLE VII INCORPORATOR RIVERVIEW, Florida. 335	569
The name and address of the Incorporator is:	
John Neil Kenny SR. 10916 Rodeo LANE Riverview, Florida.	. 33569
***********************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the p- certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	lace designated in this
2-5-	-04
Signatura/Registered Algert	

Date

Signature/Incorporator