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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W0554420

T. Burch DEC 20 2005

TRANSMITTAL LETTER

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

SUBJECT: GLOVEN, INC
(Proposed Corporation Name)

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above corporation and a check in the amount of:

☒ \$70.00	☐ \$78.50	☐ \$122.50	☐ \$151.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: SCOTT W GLOVEN
Name

1001 43RD ST N
Address

ST PETERSBURG FL 33713
City, State, & Zip

727-488 6478
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2005

SCOTT W GLOVER
1001 43RD ST N
ST PETERSBURG, FL 33713

SUBJECT: GLOVER, INC
Ref. Number: W05000054420

We have received your document for GLOVER, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date may be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 505A00071259

ARTICLES OF INCORPORATION

OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SCOTT W. GLOVER, INC

ARTICLE II PRINCIPLE OFFICE

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

1001 43RD ST N
ST PETERSBURG FL 33713

ARTICLE III CAPITAL STOCK

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

SCOTT W GLOVER
1001 43RD ST N
ST PETERSBURG FL 33713
ARTICLE V INCORPORATORS

The name(s) and street address(es) of the incorporator(s) whose Articles of Incorporation is (are):

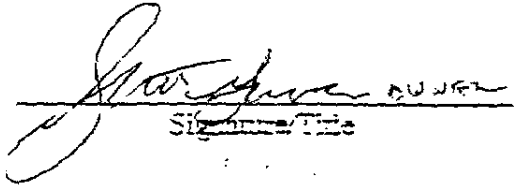
SCOTT W GLOVER
1001 43RD ST N
ST PETERSBURG FL 33713

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 20 PM 1:24

FILED

The undersigned has (have) executed these Articles of Incorporation this 15th day of December, 2005.



Signature Title

Signature Title

Signature Title

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: SCOTT W GLOVER, INC

2. The name and address of the registered agent and office is:

SCOTT W. GLOVER
1001 43RD ST N
(P. O. BOX NOT ACCEPTABLE)
ST PETERSBURG FL 33713
(CITY/STATE/ZIP)

SIGNATURE

[Signature]
(Corporate Officer)

TITLE

Owner

DATE

12/15/05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

[Signature]
(Registered Agent)

DATE

12/15/05