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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06 MAR -8 PM12:07

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR -8 PM12:11

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COVER LETTER

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

SUBJECT: Michael L. Glisson (Painting)
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael L. Glisson
Name (Printed or typed)

104 Pope Rd.
Address

Bainbridge, Ga. 39817
City, State & Zip

(229) 400-6290
Daytime Telephone number

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

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:

Michael L. Glisson Painting Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Michael L. Glisson
104 Pope Rd.
Bainbridge, Ga. 39817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Morris Glisson — (V.P.)
406 Climax-Attapulqus Rd.
Climax Ga. 39817

Michael L. Glisson (P)
104 Pope Rd.
Bainbridge, Ga. 39817

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael L. Glisson
15 Oak St.
Crawfordville, Fl.

ARTICLE VII INCORPORATOR

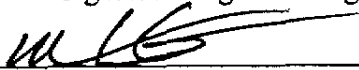
The name and address of the Incorporator is:

Michael L. Glisson
~~P.O. Box~~ 104 Pope Rd.
Bainbridge, Ga. 39817

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



Signature/Registered Agent



Signature/Incorporator

3-8-06

Date

3-8-06

Date

06 MAR - 8 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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