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## **COVER LETTER**

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

SUBJECT: FLORIC	DA GLOW VILLAS MANAGEMEN (PROPOSED CORPORA	T SERVICES INC. ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	✓ \$78.75 Filing Fee	☐ \$87.50 Filing Fee,
i ming roo	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: JO	DIDY CLAVERO		
	Name	(Printed or typed)	
	2319 WALNUT CANYON DR	Address	
	KISSIMMEE FL 34758	, State & Zip	
	321-746-4582	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: Florida Glow Villas Management Services	Inc.
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  2319 Walnut Canyon Dr  Kissimpale Fl., 34758  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Any and all Legal business.  ARTICLE IV SHARES  The number of shares of stock is:  1000000	SECRETARY OF STATE DIVISION OF CORPORATIONS  08 JUN 20 PM 4: 49
List name(s), address(es) and specific title(s):  Joidy Clavero - Director 2319 Walnut Canyon Dr Kim Jaime - President 522 Little Lake Ct. Winter Haw Hector Voel Clavero - Vice President 2319 Walnut Canyon Dr Kissimmee Fl. 34  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Joidy Clavero 2319 Walnut Canyon Dr Kissimmee Fl. 34758  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Joidy Clavero 2319 Walnut Canyon Dr Kissimmee Fl. 34758	KISSIMMEE FI- JEN FI- JEN FI- 33884 Anyon Dr 1758
Having been named as registered agent to accept service of process for the above stated corporation at the place decertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Color O	_