

P09000081225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

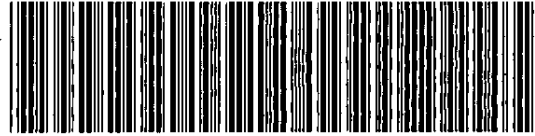
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

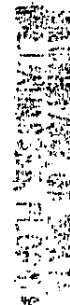
Special Instructions to Filing Officer:

Office Use Only



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09 SEP 30 PM 4:27

FILED

W09000042499

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10-01-09

COVER LETTER

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

SUBJECT: Gloves, Inc.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Melissa Exum
Name (Printed or typed)

1950 Collins Blvd.
Address

Austell, GA 30106
City, State & Zip

770/944-9186
Daytime Telephone number

melissa@glovesinc.com
E-mail address: (to be used for future annual report notification)

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



SEP 25 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2009

MELISSA EXUM
1950 COLLINS BLVD.
AUSTELL, GA 30106

SUBJECT: GLOVES, INC.
Ref. Number: W09000042499

We have received your document for GLOVES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected 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) 245-6869.

Christine Haney
OPS Clerk
New Filing Section

Letter Number: 809A00031085

RECEIVED
09 SEP 30 AM 11:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Gloves, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1950 Collins Blvd.
Austell, GA 30106

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clean and repair of firefighter turnout gear

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David L. Clark, President
L. Jack Clark, Vice President

ARTICLE VI REGISTERED AGENT

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

David L. Clark
8745 NW 100th Street
Medley, FL 33178-1455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David L. Clark
1950 Collins Blvd.
Austell, GA 30106

FILED
09 SEP 30 PM 4: 27
TALLAHASSEE, FLORIDA

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

David L. Clark

9/18/09

Date



Signature/Incorporator

David L. Clark

9/18/09

Date