

P11000012857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

*Michael Glover*

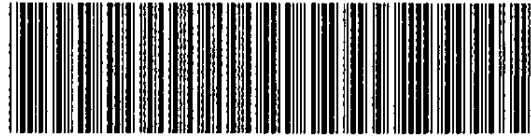
AUTHORIZATION BY PHONE TO

CORRECT *Suplex*

DATE \_\_\_\_\_

DOC. EXAM *PS*

Office Use Only



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SECRETARY OF STATE  
RECEIVED  
FEBRUARY 4 2011

11 FEB -4 PM 4:21

FILED

PS 2/7/11

## COVER LETTER

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

SUBJECT: M Glover and Co.

(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 Filing Fee  
☒ \$78.75 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 Glover

Name (Printed or typed)

3100 N. Course Lane #509

Address

Pompano Beach, FL 33069

City, State & Zip

954-548-1150

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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: M Glover Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3100 N. Course Lane, #509  
Pompano Beach, FL 33069

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Mailing address, if different is:

3100 N. Course Lane, #509  
Pompano Beach, FL 33069

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Dot com / website

**ARTICLE IV SHARES**

The number of shares of stock is: 2000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael P. Glover, President

Address: 3100 N. Course Lane, #509  
Pompano Beach, FL 33069

Name and Title: Michael P. Glover, CEO

Address: 3100 N. Course Lane, #509  
Pompano Beach, FL 33069

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Michael P. Glover  
Address: 3100 N. Course Lane, #509  
Pompano Beach, FL 33069

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael P. Glover  
Address: 3100 N. Course Lane, #509  
Pompano Beach, FL 33069

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]  
Required Signature/Registered Agent

2-3-2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

2-3-2011  
Date