

P11 0000 22909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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Per Glen on 3/9 - OK  
to correct spelling of  
name + RA BM

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11 MAR -7 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/09/11

## COVER LETTER

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

SUBJECT: Glen M. Blevins 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  
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: Glen Blevins  
Name (Printed or typed)

17642 Front Bch Rd C-5  
Address

Panama City Bch FL 32413  
City, State & Zip

850-527-8364  
Daytime Telephone number

Floornpc@yahoo.com  
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: Glen M. Blevins Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
17642 Front Bch Rd C-5  
PCB FL 32413

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Floor Covering Installation

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Glen Blevins Pres.  
Address: 17642 Front Bch Rd C-5  
PCB FL 32413

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

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: Glen Blevins  
Address: 17642 Front Bch Rd C-5  
PCB FL 32413

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Glen Blevins  
Address: 17642 Front Bch Rd C-5  
PCB FL 32413

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

Glen Blevins

Required Signature/Registered Agent

2-28-11

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.

Glen Blevins

Required Signature/Incorporator

2-28-11

Date

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TALLAHASSEE, FLORIDA