

P11D000046650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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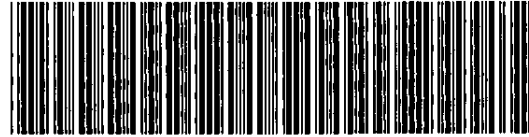
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

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## COVER LETTER

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

SUBJECT: GLROC Management, 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: Gloria Faus

Name (Printed or typed)

2333 Brickell Avenue, #1815

Address

Miami, FL

City, State & Zip

305-798-3432

Daytime Telephone number

gloraus@hotmail.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: **GLROC Management, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2333 Brickell Avenue**  
**#1815**  
**Miami, FL 33129**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any and all lawful business purposes.

**ARTICLE IV SHARES**

The aggregate number of shares the corporation is authorized to issue is 100. Such shares shall be of single class and shall have no par value.

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

Name and Title: **Gloria Faus, President**  
Address: **2333 Brickell Avenue**  
**#1815**  
**Miami, FL 33129**

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: **Gloria Faus**  
Address: **2333 Brickell Avenue #1815**  
**Miami, FL 33129**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Gloria Faus**  
Address: **2333 Brickell Avenue #1815**  
**Miami, FL 33129**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MAY 16 2011

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

  
Required Signature/Registered Agent

May 11, 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.

  
Required Signature/Incorporator

May 11, 2011

Date