

P11000078007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

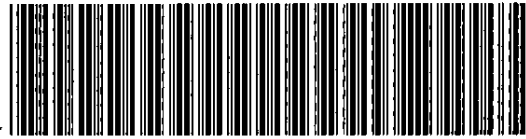
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900211282119

08/31/11--01015--002 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 31 PM 2:54

2011

9/1  
9/1

W1000045428

## COVER LETTER

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

SUBJECT: Glassendoc, 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: Janet F. Quinn

Name (Printed or typed)

6106 Ivy Hill Lane

Address

Brooksville, Florida 34602

City, State & Zip

352-796-5032

Daytime Telephone number

jntqnn@tampabay.rr.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: Glassendoc, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6106 Ivy Hill Lane  
Brooksville, Florida 34602

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide Business Development/Marketing services.

### **ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Janet F. Quinn, CEO  
Address: 6106 Ivy Hill Lane  
Brooksville, Florida 34602

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: Janet F. Quinn

Address: 6106 Ivy Hill Lane  
Brooksville, Florida 34602

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Janet F. Quinn

Address: 6106 Ivy Hill Lane  
Brooksville, Florida 34602

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 31 PM 2:54

607

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

Janet F. Quinn

Required Signature/Registered Agent And Incorporator

August 29, 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

Date