

P120000025114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

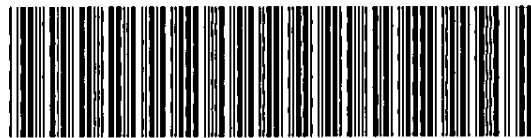
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
12 MAR 14 AM 11:58
TALLAHASSEE, FLORIDA
12 MAR 14 PM 2:52

3/14
8

COVER LETTER

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

SUBJECT: Norman Alec Glisson Painting 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: Norman A. Glisson
Name (Printed or typed)

45 Otter Rd #104
Address

Panacea FL 32346
City, State & Zip

Daytime Telephone number

AGTARZAN7@Gmail.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: Norman Alec Glisson Painting INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

45 Otter Rd #104
Panacea FL 32346

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Norman A. Glisson - Pres. Name and Title: _____

Address: 45 Otter Rd #104 Address: _____

Panacea FL 32346

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Norman A. Glisson
Address: 45 Otter Rd #104
Panacea FL 32346

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Norman A. Glisson
Address: 45 Otter Rd #104
Panacea FL 32346

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

x Norman A. Glisson
Required Signature/Registered Agent

3-14-12
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.

x Norman A. Glisson
Required Signature/Incorporator

3-14-12
Date

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12 MAR 14 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA