

P12000055097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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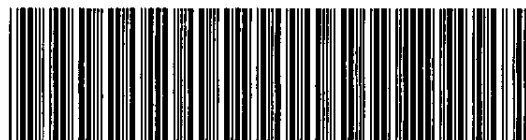
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/12--01013--003 **78.75

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12 JUN 18 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/19/12

COVER LETTER

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

SUBJECT: Gleco Enterprises, 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: Robert R. Smith
Name (Printed or typed)

6339 Covewood Drive
Address

Spring Hill, FL 34609
City, State & Zip

352 556 2877
Daytime Telephone number

choochoorrs@aol.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:

Gleco Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6339 Covewood Drive
Spring Hill, FL 34609

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert R. Smith
Address: President, secretary, treasurer
6339 Covewood Drive
Spring Hill, FL 34609

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: Robert R. Smith
Address: 6339 Covewood Drive
Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert R. Smith
Address: 6339 Covewood Drive
Spring Hill, FL 34609

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

Robert R. Smith

Required Signature/Registered Agent

6-12-2012

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.

Robert R. Smith

Required Signature/Incorporator

6-12-2012

Date

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