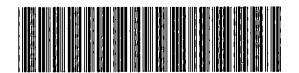
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Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SECKETANT OF STATE TALLAHASSEE, FLORIDA

·		
SUBJECT: GLASS ENTEN	ONTSE, ZNC. TE NAME-MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
	ABBITIONAL COLT REQUIRED	
FROM: KAthy A. GLASS Name (Printed or typed)		
1405 S. Adams STREET		
TALLALASSEE FC 32301 City, State & Zip		
850 224	4007	
Daytime To	elephone number	
F-mail address: (to be used	n (SANAMAIC • COM	

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)

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The name of the corporation shall be: GLASS ENTERPRETE INC. 12 NOV 13 AM 9: 48 PRINCIPAL OFFICE P.D. Mailing address, if different is: TARY OF TARE FLORIDA TACCALAUSE, FC 32-214 Principal street address

S. Adams SINEE ARTICLE III PURPOSE ENGAGE IN WHOLESALE AND NETAIL
The purpose for which the corporation is organized is:
SALES AND OTHER BUSINESS RECATED THERETO ARTICLE IV SHARES FIVE HUNDRED SHARES OF STOCK HAVENS A NOMINAL The number of shares of stock is: On PAN VALUE OF ONE DOLLAN (\$1.00) DEN SHARE. INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MICTON V. GCASS, Sn. Name and Title: Address: Name and Title: Name and Title: Address: Address: STREET CAHASIEF FC 32301 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: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 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

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

Required Signature/Registered Agent