

Jan. 10, 2013, 2:39 PM  
Division of Corporations

No. 602 Pa. 1 of 1

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Florida Department of State  
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Fax Number : (850)617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727)322-0909  
Fax Number : (727)322-0520

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Email Address: DAVIDCPA@TAMPA-BAY.FL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
OWEN PACH GLASS & SCULPTURE, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MD 1/11

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** OWEN PACH GLASS & SCULPTURE, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

5437 29TH AVE S  
GULFPORT, FL 33707

Mailing address, if different is:

SAME

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**ARTICLE III PURPOSE** TO OPERATE A GLASS AND  
The purpose for which the corporation is organized is: SCULPTURE BUSINESS AND ANY OTHER LEGAL BUSINESS IN  
THE STATE OF FLORIDA.

**ARTICLE IV SHARES** 1000 SHARES OF COMMON STOCK  
The number of shares of stock is:

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

Name and Title: OWEN PACH PRESIDENT Name and Title:  
Address: 5437 29TH AVE S Address:  
GULFPORT, FL 33707

Name and Title: Name and Title:  
Address: Address:

Name and Title: Name and Title:  
Address: Address:

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

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

Name: DAVID C HASTINGS, CPA  
 Address: 2207 54TH ST S  
GULFPORT, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID C HASTINGS, CPA  
 Address: 2207 54TH ST S  
GULFPORT, FL 33707

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

01/10/2013

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

01/10/2013

Date

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