

P13000063637

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(City/State/Zip/Phone #)

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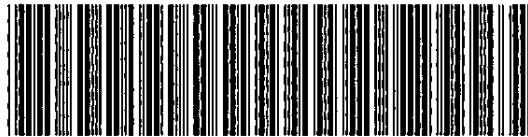
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: **GLYNN GROUP , 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **ELVIRA KOCK**

Name (Printed or typed)

325 S. BISCAYNE BLVD. SUITE 621

Address

MIAMI, FLORIDA 33131

City, State & Zip

917-402-5478

Daytime Telephone number

GLYNNGROUP8@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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

GLYNN GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

325 S. BISCAYNE BLVD. SUITE 621

MIAMI, FLORIDA 33131

13 JUL 29 PM 2:04
SEAL OF THE STATE OF FLORIDA
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EXPORT-IMPORT INTERNATIONAL TRADE .

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ELVIRA KOCK, PRESIDENT**

Name and Title: _____

Address **325 S.BISCAYNE BLVD.**

Address: _____

SUITE 621

MIAMI, FLORIDA 33131

Name and Title: **JORGE PRIETO, VP**

Name and Title: _____

Address **325 S.BISCAYNE BLVD.**

Address: _____

SUITE 621

MIAMI, FL 33131

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

FILED

Name and Title: _____ Name and Title: 13 JUL 29 PM 2:04
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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


Name: ELVIRA KOCK
Address: 325 S.BISCAYNE BLVD.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: ELVIRA KOCK
Address: 325 S. BISCAYNE BLVD.
SUITE 621 , MAMI, FL 33131

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

 ELVIRA KOCK
Required Signature/Registered Agent

JULY 24, 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.

 ELVIRA KOCK
Required Signature/Incorporator

JULY 24, 2013
Date