

P13000071751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

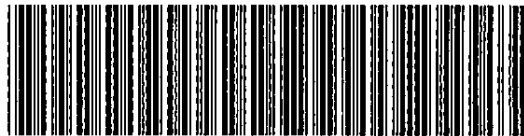
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200251007182

08/26/13--01014--003 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 26 PM 4:19

cf 8/27/13

COVER LETTER

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

SUBJECT: GLASS RESTORATION OF SOUTH FLORIDA, 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: BRUCE EHRLICH
Name (Printed or typed)
4169 POT O GOLD STREET
Address
WEST PALM BEACH, FL 33406
City, State & Zip
561-967-1632
Daytime Telephone number
bruce529@att.net
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 26 PM 4: 19

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: GLASS RESTORATION OF SOUTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4169 POT O GOLD STREET

WEST PALM BEACH, FL 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRUCE EHRLICH-PRES.

Name and Title: _____

Address 4169 POT O GOLD STREET

Address: _____

WEST PALM BEACH, FL 33406

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 26 PM 4:19

(conti.)

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: BRUCE EHRLICH
Address: 4169 POT O GOLD STREET
WEST PALM BEACH, FL 33406

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BRUCE EHRLICH
Address: 4169 POT O GOLD STREET
WEST PALM BEACH, FL 33406

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

Bruce Ehrlich
Required Signature/Registered Agent

8-21-2013
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.

Bruce Ehrlich
Required Signature/Incorporator

8-21-2013
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 26 PM 4: 19