

P14000036649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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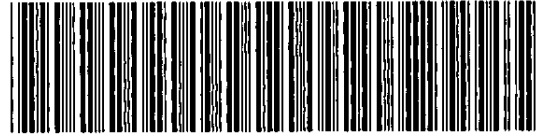
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 APR 23 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/24/14

**COVER LETTER**

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

**SUBJECT: GLAMOUR LINENS CORP**

(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: MARIA MENDOZA**

Name (Printed or typed)

**3750 NW 28 ST., UNIT #408**

Address

**MIAMI, FL 33142**

City, State & Zip

**786.521.7293**

Daytime Telephone number

**MMEND5434@GMAIL.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: **GLAMOUR LINENS CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**GLAMOUR LINENS CORP**

**3750 NW 28 ST UNIT #408**

**MIAMI FL 33142**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **LINEN PARTY RENTALS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **MARIA MENDOZA, OWNER**

Name and Title: \_\_\_\_\_

Address

**3750 NW 28 ST**

Address: \_\_\_\_\_

**UNIT #408**

**MIAMI, FL 33142**

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(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: MARIA MENDOZA  
Address: 3750 NW 28 ST UNIT#408  
MIAMI FL 33142

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA MENDOZA  
Address: 3750 NW 28 ST UNIT#408  
MIAMI FL 33142

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*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*

*Maria Mendoza*  
Required Signature/Registered Agent

4/21/2014  
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.*

*Maria Mendoza*  
Required Signature/Incorporator

4/21/2014  
Date