

P/4000039599

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14 MAY -5 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/06/14

## COVER LETTER

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

SUBJECT: GLT INDUSTRIAL OVEN SERVICES 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  
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: GAIL TRABEL  
Name (Printed or typed)

540 McDONALD AVE.  
Address

AUBURNDALE, FL 33823  
City, State & Zip

863-551-9365  
Daytime Telephone number

GLT FINISH@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)

**ARTICLE I. NAME**

The name of the corporation shall be: GLT INDUSTRIAL OVEN SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

540 McDONALD AVE.  
AUBURNDALE, FL  
33823

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INDUSTRIAL OVEN & RELATED  
EQUIPMENT SERVICE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Title: GAIL TRABEL - PRESIDENT Name and Title: \_\_\_\_\_

Address 540 McDONALD AVE. Address: \_\_\_\_\_  
AUBURNDALE, FL  
33823

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

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

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

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

(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: BARBARA TRABEL  
Address: 540 McDONALD AVE.  
AV BURNDALE, FL  
33823

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAIL TRABEL  
Address: 540 McDONALD AVE.  
AV BURNDALE, FL 33823

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TALLAHASSEE, FLORIDA

*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*

Barbara Trabel  
Required Signature/Registered Agent

4/30/2014  
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.*

Lail Trabel  
Required Signature/Incorporator

04-30-14  
Date