Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000124832 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

From:

Division of Corporations

Fax Number : (850)617-6381

Fax Number : (850)617-6381

Account Name : EXPRESS CORPORATE FILING SERVICE INS
Account Number : 120000000146

Account Number : I2000000146

: (305) 444-4994

Phone

Fax Number

: (305) 444-4977

**Enter the email address for this business entity to be used for fut@ce annual report mailings. Enter only one email address please. **

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION THE GLASS MERMAID, INC.

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

ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION

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

e name of the corpo	AME THE GLASS MI	
	RINCIPAL OFFICE Principal street address EAN AVE	Mailing address, if different is:
	EACH, FL 33435	
PTICLE III PU	VRPOSE h the corporation is organized is:	
NY AND	ALL LAWFUL BUSINE	SS
	· · · · · · · · · · · · · · · · · · ·	
101		
RTICLE IV SI	FARES 100 SHARES	
e number of shares	of stock is: TOO OF IAI (LO	
e number of shares	OF STOCK IS: TOO STITUTES OFFICERS AND/OR DIRECTOR Itle: HEATHER GAKER (P)	S Name and Title:
e number of shares	ITIAL OFFICERS AND/OR DIRECTOR Itle: HEATHER GAKER (P) 234 SE 2nd AVE	
RTICLE V IN	OF STOCK IS: TOO STITUTES OFFICERS AND/OR DIRECTOR Itle: HEATHER GAKER (P)	Name and Title:
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR Itle: HEATHER GAKER (P) 234 SE 2nd AVE	Name and Title:
e mumber of shares RTICLE V IN Name and Ti Address	ITIAL OFFICERS AND/OR DIRECTOR INITIAL OFFICERS AND/OR DIRECTOR IN	Name and Title:Address:
Name and Tit	TOUGHAND OF THE CONTROL OF STATE OF STA	Name and Title: Address: Name and Title:
e mumber of shares RTICLE V IN Name and Ti Address	TOUGHAND OF THE CONTROL OF STATE OF STA	Name and Title:Address:
Name and Tit	TOUGHAND OF THE CONTROL OF STATE OF STA	Name and Title: Address: Name and Title:
Name and Tit	TOUGHAND OF THE CONTROL OF STATE OF STA	Name and Title: Address: Name and Title:
Name and Ti Address Name and Ti Address	ITIAL OFFICERS AND/OR DIRECTOR Itle: HEATHER GAKER (P) 234 SE 2nd AVE BOYNTON BEACH, FL 33235	Name and Title: Address: Name and Title:
Name and Ti Address Name and Ti Address	ITIAL OFFICERS AND/OR DIRECTOR Itle: HEATHER GAKER (P) 234 SE 2nd AVE BOYNTON BEACH, FL 33235	Name and Title: Address: Name and Title: Address:

Heather Gaker

Required Signature/Incorporator

MAY 28, 2014

Date

			(conti.)
Name an	i Title:	Name and Title:	
Address		Address:	
•			
		-v	
			,
	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	HEATHER GAKER		
Address:	234 SE 2nd AVE		
	BOYNTON BEACH, FL 33235		
ARTICLE VII	INCORPORATOR		
	-		
	INCORPORATOR		
he name and ad	INCORPORATOR dress of the Incorporator is:		
he <u>name and ad</u> Name:	INCORPORATOR dress of the Incorporator is: HEATHER GAKER		
Name: Address: Address: Adving been nan	INCORPORATOR dress of the Incorporator is: HEATHER GAKER 234 SE 2nd AVE	or the above stated co	
The name and ad Name: Address: Address:	INCORPORATOR dress of the Incorporator is: HEATHER GAKER 234 SE 2nd AVE BOYNTON BEACH, FL 3323 and as registered agent to accept service of process in familiar with and accept the appointment as regis	or the above stated co	