

PIHXXXX59006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

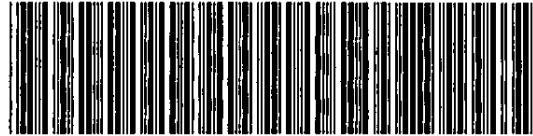
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200261615602

07/10/14--01015--020 \*\*87.50

14 JUL 10 AM 9:52

SECRETARY OF STATE  
DIVISION OF REVENUE

## COVER LETTER

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

SUBJECT: **GLOMASTER SVCS. 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: **CARLO L. LOPEZ**

Name (Printed or typed)

**8000 SW 210 ST. # 609**

Address

**CUTLER BAY FLORIDA 33189**

City, State & Zip

**305-834-9833**

Daytime Telephone number

**CLOPEZ533@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: **GLOMASTER SVCS CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**8000 SW 210 ST. #609**

**CUTLER BAY FLORIDA 33189**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ANY AND ALL SERVICES**

**ARTICLE IV SHARES**

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

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

Name and Title: **CARLO L. LOPEZ PRESIDENT**

Address **8000 SW 210 ST #609**

**CUTLER BAY FLORIDA**

**33189**

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

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

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

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

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

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

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

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

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

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: SOFIA NUNEZ RONDON

Address: 8000 SW 210 ST #609

CUTLER BAY FLORIDA 33189

**ARTICLE VII INCORPORATOR**


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

Name: CARLO L. LOPEZ

Address: 8000 SW 210 ST #609

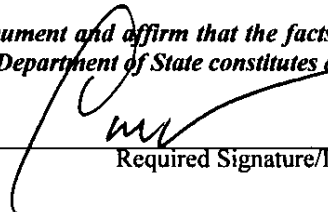
CUTLER BAY FLORIDA 33189

*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*

  
Required Signature/Registered Agent

07-08-2014  
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.*

  
Required Signature/Incorporator

JULY 8, 2014  
Date