

P140000062776

(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



700262332997

07/21/14--01009--001 **70.00

FILED
14 JUL 21 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **C-Glass 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: **Casey Sierens**

Name (Printed or typed)

12850 w SR 84 box 7/23

Address

Davie FL 33325

City, State & Zip

954-534-4373

Daytime Telephone number

9545344373crs@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: C- Glass Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12850 w SR 84 box 7/23

Davie Fl 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Casey Sierens President

Name and Title: _____

Address 12850 w SR 84

Address: _____

Davie Fl 33325

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 JUL 21 PM 4: 05
SECRETARY OF STATE
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: Casey Sierens

Address: 12850 w SR 84 box 7/23

Davie FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Casey Sierens

Address: 12850 w SR 84 box 7/23

Davie FL 33325

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

Casey Sierens

Required Signature/Registered Agent

7/17/14
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.

Casey Sierens

Required Signature/Incorporator

7/17/14
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 21 PM 4:05