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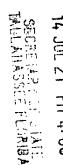
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: C-G	lass Inc		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: C	asey Sierens		
	Namo	e (Printed or typed)	
12	2850 w SR 84 bo	x 7/23	
.		Address	
D	avie Fl 33325		
	City,	State & Zip	
95	54-534-4373		
	Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.

9545344373crs@gmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLE II PRINCI Prin 12850 w SR 84 b	PAL OFFICE cipal <u>street</u> address	Moiling ad		
Davis FL 2222F	ARTICLE I NAME The name of the corporation shall be: C- Glass Inc ARTICLE II PRINCIPAL OFFICE Principal street address 12850 w SR 84 box 7/23		Mailing address, if different is:	
Davie FI 33325				
ARTICLE III PURPOS The purpose for which the co	SE All orporation is organized is:			
			74 F	
ARTICLE IV SHARE: The number of shares of stock ARTICLE V INITIAL	S 1000 c is: 1000	es	JUL 21 PH 4: 05	
	asey Sierens President			
Address 12	2850 w SR 84 avie Fl 33325	Address:		
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o Casey Sierens	of the registered agent is:
Address:	12850 w SR 84 box 7/23	_
	Davie FL 33325	
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	Casey Sierens	_
Address:	12850 w SR 84 box 7/23	_
	Davie FL 33325	_
	am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated is gistered agent and agree to act in this capacity Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	
	Required Signature/Incorporator	SECHLENKS: 14:05