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COVER LETTER

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

SURJECT: Sch	umann Glass Ar	t, Inc.	
50 BdE C 1.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PPY REQUIRED
FROM: L	oren D. Schuma	nn e (Printed or typed)	
56	381 Sarah Ave U	Init B	
		Address	
S	arasota, FL 3423	33	
	City	, State & Zip	
(9	41) 925-3585		
	Daytime T	Telephone number	
LE	OSglass@gmail.com		
	E-mail address: (to be use	ed 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)

TICLE II PRI	NCIPAL OFFICE Principal street address	Mailing add	ress, if different is:
81 Sarah A	• ——	Ividining tale	
		<u> </u>	
rasota, FL	34233		
•			
DUTOOSE for which t	POSE the corporation is organized is: Any lav	vful purpose.	<i>≓u</i> •
	,		<u> </u>
TICLE IV SHA	IRES stock is: 10,000		
TICLE V INT	rial officers and/or director Loren D. Schumann D,P	RS Name and Title:	
TICLE V INT	ITAL OFFICERS AND/OR DIRECTOR		
Name and Title	rial officers and/or director Loren D. Schumann D,P	Name and Title:	
Name and Title Address	Loren D. Schumann D,P 5681 Sarah Ave Unit B Sarasota, FL 34233	Name and Title: Address:	
Name and Title Address Name and Title	Loren D. Schumann D,P 5681 Sarah Ave Unit B Sarasota, FL 34233	Name and Title: Address: Name and Title:	
Name and Title Address	Loren D. Schumann D,P 5681 Sarah Ave Unit B Sarasota, FL 34233	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title	Loren D. Schumann D,P 5681 Sarah Ave Unit B Sarasota, FL 34233	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	Loren D. Schumann D,P 5681 Sarah Ave Unit B Sarasota, FL 34233	Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title Address	Loren D. Schumann D,P 5681 Sarah Ave Unit B Sarasota, FL 34233	Name and Title: Address: Name and Title: Address: Name and Title:	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	f the registered event is:	
Name:	Loren D. Schumann	f the registered agent is:	:
Address:	5681 Sarah Ave Unit B	26 PH	
	Sarasota, FL 34233	<u>်</u> မှု မှု	-
ARTICLE VII	INCORPORATOR	56 图 5	
The <u>name and ad</u>	Idress of the Incorporator is:		
Name:	Michael J. Raterink, Esq.	_	
Address:	7424 Vista Way Apt 107	_	
	Bradenton, FL 34202	-	
	am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity ———————————————————————————————————	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.	
M		01/20/2015	
	Required Signature/Incorporator	/ /Date	