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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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(DC	ocument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	

Office Use Only



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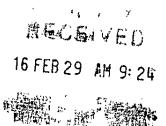
## **COVER LETTER**

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

SUBJECT: Coach	Glad, Inc.		
SCISECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRE	
FROM: _	ladimir Simeon Name	e (Printed or typed)	
84	17 NW 26th Place		
<del></del>		Address	
Su	nrise, FL 33322		
<del>-</del>	City,	State & Zip	***************************************
95	4-245-7911		
<del></del>	Daytime T	elephone number	
coa	achglad1@gmail.com		
	E-mail address: (to be use	d for future annual report	notification)

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





Division of Corporations

GLADIMIR SIMEON 8417 NW 26TH PLACE SUNRISE, FL 33322

February 19, 2016

SUBJECT: COACH GLAD, INC. Ref. Number: W16000012604

We have received your document for COACH GLAD, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 516A00003517

Division of Comparations D.O. DOV 6297 Mallahassas Florida 20214

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:	
417 NW 26th Place, Sunrise, FL 33322	maning address, it different is.	
		•
The purpose for which the corporation is organized is:	ing, Business Coaching, Consulting, Workshops, Sem	nars
Conferences		
Sometimes	·	<del></del>
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RTICLE IV SHARES		- [
The number of shares of stock is: 1,000,000		
APTICLE V. INITIAL OFFICERS AND OR DADDOTTORS	PM 12: 09	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Title: Gladimir Simeon, President	Name and Title:	
Address 8417 NW 26th Place, Sunrise, FL 33322	Address:	
7 100	Address.	
Name and Title: Edypssia Simeon, Vice President	Name and Title:	
8417 NW 26th Place Suprise El 33322	Address	
Address G477 17 Zoth Flace, Stahlise, 12 33322	Address:	
<u></u>		
Name and Title:	Name and Title:	
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:  Gladimir Simeon  Address:  ARTICLE VII. INCORPORATOR  The name and address of the Incorporator is:  Name:  Gladimir Simeon  Address:  Address:  Address:  Address:  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date, if other than the date of filing:  ANOTHER THE date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 analysecept the appointment as registered agent and agree to act in this capacity  I S I G  Required Signatus/Registered Agent  I submit this document and affirm than the facts stated herein are true. I am aware that the fabe 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 Signatus/Proporator  Date				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Gladimir Simeon  Address:  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Gladimir Simeon  Address:  8417 NW 26th Place, Sunrise, FL 33322  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 Signatuc/Registered Agent  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.	Name as	nd Title:	Name and Title:	
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ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:    Gladimir Simeon	Name:	Gladimir Simeon		
The name and address of the Incorporator is:  Name:  Address:    Seladimir Simeon	Address:	8417 NW 26th Place, Sunrise, FL 33322		
Name:  Address:    Address		·		
ARTICLE VIIIEFFECTIVE DATE:  Effective date, if other than the date of filing:		<del></del>		
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document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	<del></del> .	Required Signature/Registered Agent		<del></del>
Required Signature/Incorporator Date	I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information subm my as provided for in s.817.155, F.S.	nitted in a
	Requ	ired Signature/Licorporator		<del></del>