

PI60000018672

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(Document Number)

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2016 FEB 29 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 01 2016  
I ALBRITTON

## COVER LETTER

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

**SUBJECT:** Coach Glad, 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:** Gladimir Simeon

Name (Printed or typed)

8417 NW 26th Place

Address

Sunrise, FL 33322

City, State & Zip

954-245-7911

Daytime Telephone number

coachglad1@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

16 FEB 29 AM 9:24

February 19, 2016

GLADIMIR SIMEON  
8417 NW 26TH PLACE  
SUNRISE, FL 33322

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

**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: Coach Glad, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8417 NW 26th Place, Sunrise, FL 33322

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Life Coaching, Business Coaching, Consulting, Workshops, Seminars  
Conferences

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**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: \_\_\_\_\_

Name and Title: Edypssia Simeon, Vice President

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

Address 8417 NW 26th Place, Sunrise, FL 33322

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

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

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

FILED  
2016 FEB 29 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: 8417 NW 26th Place, Sunrise, FL 33322 \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_. (OPTIONAL)

(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 Signature/Registered Agent

1/5/16  
\_\_\_\_\_  
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

1/5/16  
\_\_\_\_\_  
Date