

P160000047896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

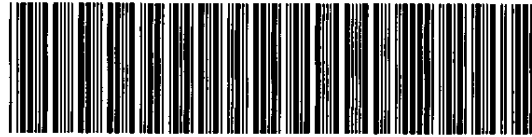
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 JUN - 1 PM 4: 16
SEAL OF THE STATE
TALLAHASSEE FLORIDA

M. Culligan JUN - 2 2016

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 5327
Tallahassee, FL 32314

SUBJECT: GLASS SLIPPER BED + BREAKFAST CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM:

PATRICIA DUNAY
Name (Printed or typed)

1430 S. WATERVIEW DR
Address

INVERNESS FL 34450
City, State & Zip

352 601- 3775
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2016

PATRICIA DUNAY
1430 S WATERVIEW DR
INVERNESS, FL 34450

SUBJECT: THE GLASS SLIPPER BED & BREAKFAST CORP
Ref. Number: W16000034375

We have received your document for THE GLASS SLIPPER BED & BREAKFAST CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 116A00009910

Q. Do 2 originals go - if yes

RECEIVED
16 JUN - 1 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

The Glass Super Bed + Breakfast INC

16 JUN -1 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1430 S. Waterview Dr
Inverness FL 34450

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

start a new business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Patricia Dunay
1430 S. Waterview Dr
Inverness FL 34450

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Patricia Dunay
1430 S. Waterview Dr
Inverness FL 34450

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia Dunay
1430 S. Waterview Dr
Inverness FL 34450

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

Patricia Dunay
Signature/Registered Agent

5/25/16
Date

Patricia Dunay
Signature/Incorporator

5/25/16
Date