

P16000084275

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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M. MOON
OCT 18 2016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

DAVID LANGLEY
3809 S. INDIAN RIVER DR.
FORT PIERCE, FL 34982

SUBJECT: GLASS-ON SOLUTIONS, INC.
Ref. Number: W16000053749

We have received your document for GLASS-ON SOLUTIONS, INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000103439.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 616A00016370

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FLORIDA

To: FLORIDA DEPARTMENT OF STATE
Division of Corporations
Matthew Moon

I David Langley, owner of the previously dissolved Glass-On Solutions LLC
(L15000103439) will not reinstate Glass-On Solutions LLC.
I do wish to use the same name of my dissolved LLC and convert it to a corporation
called Glass-On Solutions Inc.

Thank you

David Langley
772-834-5414
davidlangley64@gmail.com

FLORIDA
DEPARTMENT OF STATE
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COVER LETTER

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

SUBJECT: GLASS-ON SOLUTIONS, 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: DAVID LANGLEY

Name (Printed or typed)

3809 S INDIAN RIVER DR

Address

FORT PIERCE, FL 34982

City, State & Zip

(772)834-5414

Daytime Telephone number

dlangley@glass-onsolutions.com

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

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TALLAHASSEE, FL
GRIDA

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)

ARTICLE I NAME

The name of the corporation shall be: GLASS-ON SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3809 S INDIAN RIVER DR

FORT PIERCE, FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: _____

1000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID LANGLEY, PRESIDENT

Name and Title: _____

Address 3809 S INDIAN RIVER DR

Address: _____

FORT PIERCE, FL 34982

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: DAVID LANGLEY _____

Address: 3809 S INDIAN RIVER DR _____

FORT PIERCE, FL 34982 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DAVID LANGLEY _____

Address: 3809 S INDIAN RIVER DR _____

FORT PIERCE, FL 34982 _____

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SECRET
FLORIDA
STATE

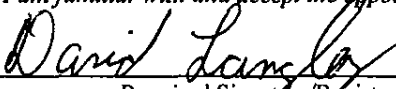
ARTICLE VIII EFFECTIVE DATE:

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

7/21/16

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

7/21/16

Date