

P16000084275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

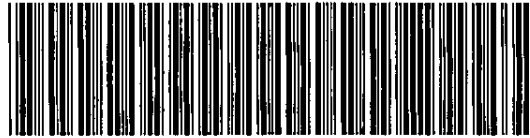
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 18 2016

16 OCT 18 PM 2:21  
FBI  
STATE  
FBI



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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SECRET  
FLORIDA  
STATE

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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 18 PM 2:21

**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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 18 PM 2:21

**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 <u>street</u> address	Mailing address, if different is:
<u>3809 S INDIAN RIVER DR</u>	_____
<u>FORT PIERCE, FL 34982</u>	_____
_____	_____
_____	_____

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 STATE OF FLORIDA  
 DEPARTMENT OF STATE

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>DAVID LANGLEY, PRESIDENT</u>	Name and Title: _____
Address: <u>3809 S INDIAN RIVER DR</u>	Address: _____
<u>FORT PIERCE, FL 34982</u>	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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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

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SECRET  
FLORIDA STATE

**ARTICLE VII INCORPORATOR**

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

Name: DAVID LANGLEY  
Address: 3809 S INDIAN RIVER DR  
FORT PIERCE, FL 34982

**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*

David Langley 7/21/16  
Required Signature/Registered Agent 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.*

David Langley 7/21/16  
Required Signature/Incorporator Date