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(Address)

(City/State/Zip/Phone #)

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FALL 2017  
17 JAN -9 PM 6:44  
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M. MOON  
JAN 09 2017

## COVER LETTER

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

SUBJECT: Glisco Realty, 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**

17 JAN -9 PM 6:44

FILED  
STATE  
TALLAHASSEE, FLORIDA

FROM: Glisco Realty, Inc  
Name (Printed or typed)  
P.O. Box 961242  
Address  
Miami, FL 33296-1242  
City, State & Zip  
Ph: (786) 505-4068.  
Daytime Telephone number  
contact@glisco Realty.com.  
E-mail address: (to be used for future annual report notification)

**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: Glisco Realty, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9535 SW 39 ST  
Miami, FL 33165

P.O BOX 961242  
Miami, FL 33296-

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wholesale, sale 1242  
Buy, Repair, Rent, Invest, etc.

ARTICLE IV SHARES

The number of shares of stock is: 500,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Duran Name and Title: Ryan Valle

Address: President Address: Vice-President

11502 SW 148 Path.  
Miami, FL 33194

9535 SW 39 ST  
Miami, FL 33165

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

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

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

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

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

Address \_\_\_\_\_

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

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

Ryan Valle

9535 SW 39 St

Miami, FL 33105

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

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

Ryan Valle

9535 SW 39 St

Miami, FL 33105

FILED  
SEC. OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN -9 PM 6:44

**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 days prior or 90 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

[Signature]  
Required Signature/Registered Agent

1/1/17  
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.

[Signature]  
Required Signature/Incorporator

1/1/17  
Date