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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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ALT AHASSEE, FLORID

Office Use Only

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February 17, 2017

YOANKIS TELLEZ 8231 S.W. 27TH ST. MIAMI, FL 33155

SUBJECT: CHAPLIN GLASS & MIRROR CORP.

Ref. Number: W17000014083

We have received your document for CHAPLIN GLASS & MIRROR CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 917A00003168

COVER LETTER

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

SUBJECT: CHAP	LIN GLASS & MIRROR CORP.				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation an	d a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM: _	YOANKIS TELLEZ Name (Printed or typed)				
82	8231 SW 27TH STREET				
	Address				
M	MIAMI, FLORIDA 33155				
_	City, State & Zip				
30	05-439-5303				
_	Daytime Telephone number				
yo	oankist@yahoo.com				
	E-mail address: (to be use	ed 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)

	CIPAL OFFICE Principal <u>street</u> address	Mailing add	ress, if different is:
8231 SW 27TH STRE	ET		
MIAMI, FLORIDA 33	155		
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: ANY ANI	D ALL LAWFUL BUSINESS	
			7× 7
			MAR 16 AM I
	ES 100 f stock is: 100 AL OFFICERS AND/OR DIRECTORS		AM 10: 27 OF STATE EE. FLORIDA
	e:YOANKIS TELLEZ PRESIDENT	Name and Title:	
Address	\$231 SW 27TH STREET		
	MIAMI, FLORIDA 33155		
Name and Title			
Name and Title Address	MIAMI, FLORIDA 33155	Name and Title:Address:	
	MIAMI, FLORIDA 33155	Name and Title: Address:	
Address	MIAMI, FLORIDA 33155	Name and Title: Address:	
Address	MIAMI, FLORIDA 33155	Name and Title: Address: Name and Title:	

Name	and Title:	Name and Title:		
Addre	288	Address:		
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	phia) of the manistered agent is:		
Name:	YOANKIS TELLEZ	ane) of the registered agent is:		
Address:	8231 SW 27TH STREET			
	MIAMI, FLORIDA 33155		N _ω	
			ECR 1 #4	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		R I	
The name and	address of the Incorporator is:		FILED 16 AI ASSEE	
Name:	YOANKIS TELLEZ			
Address:	8231 SW 27TH STREET	· · · · · · · · · · · · · · · · · · ·	FILED 7 MAR 16 AM 10:27 ECRETARY OF STATE LLAHASSEE, FLORID	
	MIAMI, FLORIDA 33155		Þ	
Effective date.	I EFFECTIVE DATE: if other than the date of filing:	(OPTIO)	NAL)	
(If an effective filing.)	e date is listed, the date must be specific and	cannot be more than five da	ys prior or 90 days after the	
	nte incorted in this block does not most the annual	liaahla atatutawa filiwa waayiya	manta this data will not be listed as	
	ate inserted in this block does not meet the applies effective date on the Department of State's re-		nents, this date will not be listed as	
Having been n	anged is registered agent to accept service of p	process for the above stated co	orporation at the place designated in	
this certificate,	If am familiar with and accept the appointmen	t as registered agent and agree	e to act in this capacity	
Required Signature/Registered Agent			01/24/2017	
		nt	Date	
I submit this a document to th	locument and affirm that the facts stated here ne Department of State constitutes a third degro	in are true. I am aware that re felony as provided for in s.8	the false information submitted in a 17.155, F.S.	
4			01/24/2017	
Red	quired Signature/Incorporator		Date	
	" :			