

P1700000P1484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 3, 2017

Florida Department of State  
Divisions of Corporations, Clifton Bldg  
2661 Executive Center Circle  
Tallahassee FL 32301

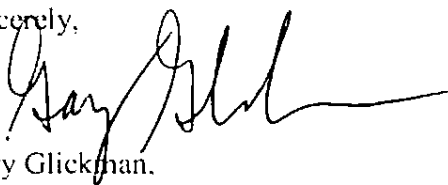
**Re: GG VET RELIEF SERVICES, INC**

To whom it may concern:

Please find enclosed the Articles of Incorporation and check #1078 for processing regarding GG VET RELIEF SERVICE, INC. I, Gary Glickman, President of GG Vet Relief Services, Inc, have no plans to reinstate this company but would like the Articles of Incorporation processed on as soon as possible. I understand the effective date will be for 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 954-592-8640.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Glickman", with a long horizontal flourish extending to the right.

Gary Glickman,  
President  
GG Vet Relief Services, Inc.

## COVER LETTER

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

**SUBJECT:** GG VET RELIEF SERVICES, 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:** GARY GLICKMAN

Name (Printed or typed)

7102 WOODMONT WAY

Address

TAMARAC FL 33321

City, State & Zip

954-592-8640

Daytime Telephone number

DOCTORGLICKVET@AOL.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: GG VET RELIEF SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7102 WOODMONT WAY

TAMARAC FL 33321

**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: 100

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

Name and Title: GARY GLICKMAN, PRESIDENT

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

Address: 7102 WOODMONT WAY

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

TAMARAC FL 33321

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

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

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

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

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

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

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

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

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47 OCT 10 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: ANTHONY G COLEMAN JR  
Address: 4171 W HILLSBORO BLVD, STE 8  
COCONUT CREEK FL 33073

**ARTICLE VII INCORPORATOR**

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

Name: GARY GLICKMAN  
Address: 7102 WOODMONT WAY  
TAMARAC FL 33321

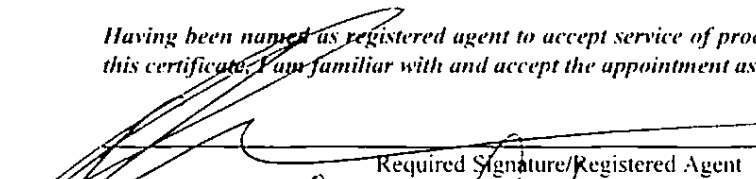
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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.)

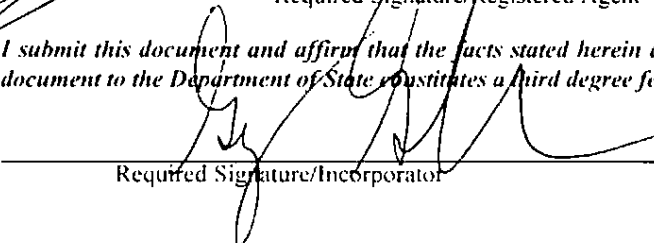
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/9/17  
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 §.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

10/03/2017  
Date