

P1800009 8700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

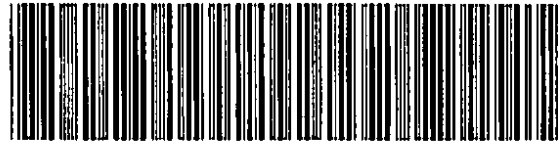
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COVER LETTER

ATX1

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

SUBJECT: GLAM PET DESIGNS 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: MAGDELINE GONZALEZ

Name (Printed or typed)

8360 W. FLAGLER STREET, SUITE 206

Address

MIAMI, FLORIDA 33144

City, State & Zip

305-302-3918

Daytime Telephone number

maggiegonzalezcpa@yahoo.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: GLAM PET DESIGNS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8360 W. FLAGLER STREET, Suite 206

MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all business permitted under the laws of

the United States of America and of the State of Florida.

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ARTICLE IV SHARES

The number of shares of stock is: 500 shares at \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAGDELINE GONZALEZ, PRESIDENT Name and Title:

Address: 8360 W. FLAGLER STREET, SUITE 206 Address:

MIAMI, FLORIDA 33144

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: MAGDELINE GONZALEZ
 Address: 8360 W. FLAGLER STREET, STE 206
MIAMI, FLORIDA 33144

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ARTICLE VII INCORPORATOR

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

Name: MAGDELINE GONZALEZ
 Address: 8360 W. FLAGLER STREET, STE 206
MIAMI, FLORIDA 33144

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

Magdelina Gonzalez _____ 11/21/2018
 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.

Magdelina Gonzalez _____ 11/21/2018
 Required Signature/Incorporator Date