

PIA000008607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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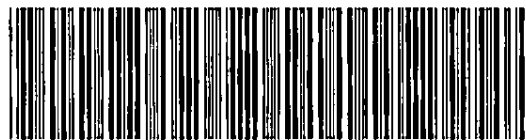
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/19--01012--010 **78.75

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19 JAN 25 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JAN 31 2019

COVER LETTER

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

SUBJECT: GLIG Groundworks, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Lydia Juskin
Name (Printed or typed)

1199 S. Federal Hwy #160
Address

Boca Raton, FL 33432
City, State & Zip

9544216199
Daytime Telephone number

info@gliggroundworks.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

GLIG Groundworks, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
1199 S. Federal Hwy. #166

Boca Raton, FL 33432

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Landscape Contractor

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

1,000,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lidia Juskin . Officer

Name and Title: _____

Address 1199 S. Federal Hwy. #166

Address: _____

Boca Raton, FL 33432

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: Lidia Juskin
Address: 1199 S. Federal Hwy. #166
Boca Raton, FL. 33432

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Lidia Juskin
Address: 1199 S. Federal Hwy. #166
Boca Raton, FL. 33432

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/19 (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

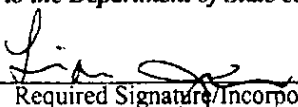


Required Signature/Registered Agent

1/1/19

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.



Required Signature/Incorporator

1/1/19

Date