

Florida Department of State

Division of Corporations

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2020 SEP 29 AM 7:44

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALL TOWN SERVICES LLC
Account Number : I202000000045
Phone : (305)916-8552
Fax Number : (305)402-0978

2020 SEP 29 PM 4:20

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Alltownservicesllc@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

GLIMMER SHOPS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: GLIMMER SHOPS 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: ELIZA JIMENEZ

Name (Printed or typed)

39 N TYMBER CREEK RD

Address

ORMOND BEACH FL 32174

City, State & Zip

786-597-0098

Daytime Telephone number

Glimmeratshops@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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STATE
TALLAHASSEE, FL

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: GLIMMER SHOPS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

39 N TYMBER CREEK RD
ORMOND BEACH FL 32174

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIZA JIMENEZ P

Name and Title: RUBEN RIVERA VP

Address 39 N TYMBER CREEK RD
ORMOND BEACH FL 32174

Address: 39 N TYMBER CREEK RD
ORMOND BEACH FL 32174

Name and Title: SONIA JIMENEZ T

Name and Title: _____

Address 1585 W 56 PL
HIALEAH FL 33012

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE
SECRET FL

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALL TOWN SERVICES LLC
 Address: 8100 OAK LN #405
MIAMI LAKES FL 33016

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Eliza Jimenez
 Address: 39 N TYMBER CREEK RD
ORMOND BEACH FL 32174

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 09-28-2020 (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*

SONIA JIMENEZ 09-28-2020
 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.

ELIZA JIMENEZ 09-28-2020
 Required Signature/Incorporator Date

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL