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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

GLABER CO.

SUBJECT: _____
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

KHITERIARA BROWN

FROM: _____
Name (Printed or typed)
8649 A C SKINNER PKWY UNIT 828

Address
JACKSONVILLE, FLORIDA 32256

City, State & Zip
240-751-3754

Daytime Telephone number
glaberco@gmail.com

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

RECEIVED
JAN 11 2007
CORPORATION
DIVISION

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME GLABER CO.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8649 A C SKINNER PKWY
UNIT 828

JACKSONVILLE FLORIDA 32256

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

Glaber Co. is an environmentally and socially responsible epilation brand.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES 1

The number of shares of stock is: _____

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2020 OCT 13 PM 4:52
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: KHITERIARA BROWN, DIRECTOR

Address: 8649 A C SKINNER PKWY

UNIT 828

JACKSONVILLE, FLORIDA 32256

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

KHITERIARA BROWN

Name: _____

8649 A C SKINNER PKWY UNIT 828

Address: _____

JACKSONVILLE, FLORIDA 32256

ARTICLE VII INCORPORATOR

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

KHITERIARA BROWN

Name: _____

8649 A C SKINNER PKWY UNIT 828

Address: _____

JACKSONVILLE, FLORIDA 32256

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

12/07/2020

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.

Required Signature/Incorporator

12/07/2020

Date