

P21000076060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

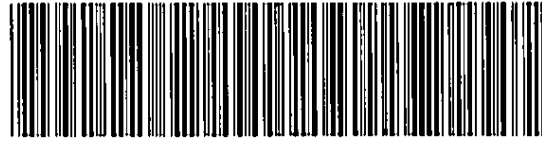
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000115412

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 25 PM 4:00

FILED

08/20/21--01031---011 **78.75

OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 AUG 20 PM 2:48

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Susan Glover, P.A.

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

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

SUBJECT: Susan Glover, P.A.
(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: Susan Glover
Name (Printed or typed)

20051 Waters Edge Dr
Address

Boca Raton, FL 33434
City, State & Zip

561-990-9793
Daytime Telephone number

susiej.glover@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG 25 PM 2:50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 21, 2021

CAPITAL CONNECTION, INC.

SUBJECT: SUSAN GLOVER, P.A.
Ref. Number: W21000115412

We have received your document for SUSAN GLOVER, P.A. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist III

Letter Number: 721A00020094

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: Susan Glover, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
20051 Waters Edge Dr
Boca Raton, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Agent

2021 AUG 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Glover, Pres. Name and Title: Susan Glover, Vice Pres.

Address: 20051 Waters Edge Dr Address: 20051 Waters Edge Dr
Boca Raton, FL 33434 Boca Raton, FL 33434

Name and Title: Susan Glover, Treas. Name and Title: Susan Glover, Secr.

Address: 20051 Waters Edge Dr Address: 20051 Waters Edge Dr
Boca Raton, FL 33434 Boca Raton, FL 33434

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: Carman Law Firm, P.A.

Address: 5301 N. Federal Hwy, Suite 160

Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

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

Name: Susan Glover

Address: 20051 Waters Edge Dr

Boca Raton, FL 33434

FILED
2021 AUG 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

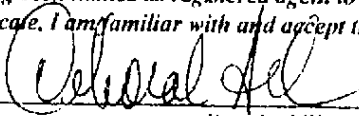
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 18, 2021 (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

August 20, 2021
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

August 18, 2021
Date