

P21 000077950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

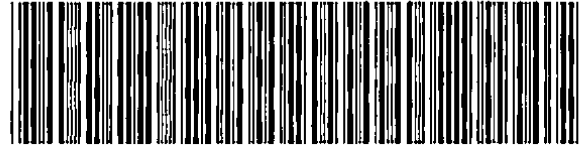
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Handwritten signature



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2021 SEP -1 AM 9:12

ED

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

2021 SEP -1 PM 2:42

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

2121 SEP - 1 AM 9:12

REQUEST DATE 9/1/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 947173

ORDER ENTITY

SS GLAZE FL, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

SS GLAZE FL, INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: timdoe@comcast.net

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: SS Glaze FL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5020 Clark Rd., #417
Sarasota, FL 34233

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Cloe, President Name and Title: _____

Address 5020 Clark Rd., #417 Address: _____
Sarasota, FL 34233 _____

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: Timothy Cloe
Address: 5020 Clark Rd., #417
Sarasota, FL 34233

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timothy Cloe
Address: 5020 Clark Rd., #417
Sarasota, FL 34233

2021 SEP - 1 AM 9:12

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



Required-Signature/Registered Agent

09/01/2021
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

09/01/2021
Date