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(Re	questor's Name)			
(Ad	dress)			
(Ad	dres s)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			
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RECEIVED

COVER LETTER

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

SUBJECT:	Glam Gals	TI INC.	ine sheriy)
	(FROFOSED CORFORA	TENAME - MOST BREE	ODE SOFFIA)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM:	_	roe St. Suite and Address	130
	7 allahas se City,	e Fl. 32301 State & Zip	
	386 - 316 Daytime T	-6729 Celephone number	
	glangals ii @ gme	il. Com	otification)

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	Q1 (C.1)	. 47 10	
The name of the corporation	on shall be: Glam Gals	5 II, In	<u>u. </u>
ARTICLE II PRINCI 7 215 S. Monroc Tayla hassec	Principal <u>street</u> address St., Suite 130		Mailing address, if different is: 273 Winthrop Lane Mc Donough GA 30253
IALIA hassec.	FL 5230	_	INCLUTION THE SULUS
ARTICLE III PURPO: The purpose for which the	SE e corporation is organized is:all	legal k	20siness
ADTIGUE WAS GRANDED			
ARTICLE IV SHARE. The number of shares of st			
ARTICLE V INITIAI	. OFFICERS AND/OR DIRECTORS		
Name and Title:	Kalcah Gaines	.P) Name an	d Title:
Address	273 Winthrop Lane	Address	
-	Mc Donaugh, GA 3026		
Name and Title:_		Name an	d Title:
Address		Address	· · · · · · · · · · · · · · · · · · ·
-			20
-			•
Name and Title:_		Name an	
Address _		Address	### # * *
-			

Name and Title:
Address:
ble) of the registered agent is:
St130
St. 130

<u>e</u>
<u>53</u>
(OPTIONAL)
. (OPTIONAL) cannot be more than five days prior or 90 days after the
icable statutory filing requirements, this date will not be listed as cords.
cess for the above stated corporation at the place designated in this egistered agent and agree to act in this capacity
5/20/22
t Date
n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
Date 5/20/22

.