

P23000086334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

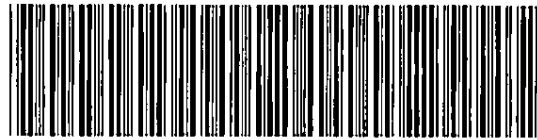
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Office Use Only



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2023 DEC 19 PM 3:11  
FALLAHASSEE FILING

RECEIVED

2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$70.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Glory Jax Enterprises, Inc.

BUSINESS

Document #

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**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **X** **CORP**

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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Country

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

Release and Permission to Use Name

(Date)

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Glory Tax Enterprises, Inc.

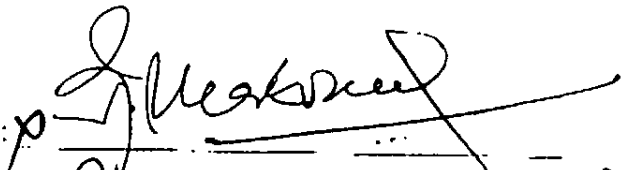
Florida Doc. Number: P08000100178

The date the document was filed with the Division of Corporations: 11/10/2008

I give my permission to release the name: Glory Tax Enterprises, Inc.

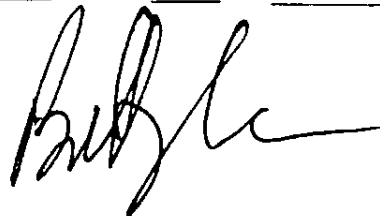
to make it available to the Division of Corporations for use by others. I will not  
revoke this release of name.

Sincerely,

Signed name: 

Printed Name: Ramanbhai Makvana Title: President

(NOTARY)



Release and Permission to Use Name

(Date)

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Glory Tax Enterprises, Inc.

Florida Doc. Number: P08000100178

The date the document was filed with the Division of Corporations: 11/10/2008

I give my permission to release the name: Glory Tax Enterprises, Inc.

to make it available to the Division of Corporations for use by others. I will not  
revoke this release of name.

Sincerely,

Signed name: p

Printed Name: Ramanbhai Makvana

Title: President

(NOTARY)



*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: Glory Tax Enterprises, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: Glory Jax Enterprises Inc  
Name (Printed or typed)

3247 Emerson St  
Address

Jacksonville, FL 32207

---

City, State & Zip

904-730-9264

---

Daytime Telephone number

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

**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**

The name of the corporation shall be: Glory Jax Enterprises Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3247 Emerson St

Jacksonville, FL 32207

Mailing address, if different is:

3247 Emerson St

Jacksonville, FL 32207

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate a convenience store.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ramanbhai Makvana President Name and Title: \_\_\_\_\_

Address: 3247 Emerson St Address: \_\_\_\_\_

Jacksonville, FL 32207 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2023

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: Brett Isaac

Address: 2151 University BLvd S

Jacksonville, FL 32216

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brett Isaac

Address: 2151 University Blvd

Jacksonville, FL 32216

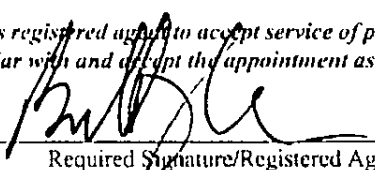
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/19/2023 (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.)

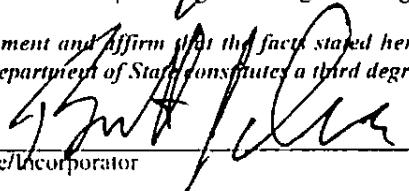
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12/19/2023  
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

12/19/2023  
Date

2023