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# CAPITAL CONNECTION, INC.

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

GLASS AND ALUMINUM WORKS CORP

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

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## COVER LETTER

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

**SUBJECT:** GLASS AND ALUMINUM WORKS CORP  
(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**

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**FROM:** TERESA L DE LA ROSA CPA  
Name (Printed or typed)

814 PONCE DE LEON BLVD STE 204  
Address

CORAL GABLES, FL 33134  
City, State & Zip

(305)385-1099  
Daytime Telephone number

TERESA@DELAROSACPAFIRM.COM  
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: GLASS AND ALUMINUM WORKS CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
814 PONCE DE LEON BLVD, STE 204  
CORAL GABLES, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BERSAN YORGANCILAR / P

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

Address 814 PONCE DE LEON BLVD  
STE 204  
CORAL GABLES, FL 33134

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Address \_\_\_\_\_  
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Address: \_\_\_\_\_  
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ALABAMA STATE  
ALABAMA SECRETARY OF STATE

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: TERESA L DE LA ROSA, CPA

Address: 814 PONCE DE LEON BLVD, STE 204

CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

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

Name: TERESA L DE LA ROSA, CPA

Address: 814 PONCE DE LEON BLVD, STE 204

CORAL GABLES, FL 33134

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CLERK OF DISTRICT COURT  
MIAMI, FL

**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*

Teresa L De La Rosa CPA

Required Signature/Registered Agent

09/19/2024

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.*

Teresa L De La Rosa CPA

Required Signature/Incorporator

09/19/2024

Date