

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

CSC networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

800-342-8086

P95000011393

95 FEB -9 AM 11:37
DIVISION OF REVENUE

ACCOUNT NO. : 072100000032

REFERENCE : 540446 145977A

AUTHORIZATION :

Patricia Pyatt

COST LIMIT : \$ 70.00

ORDER DATE : February 8, 1995

ORDER TIME : 10:52 AM

ORDER NO. : 540446

300001402113

CUSTOMER NO: 145977A

CUSTOMER: Mr. John T. Glover
MR. JOHN T. GLOVER

P. O. Box 151586

Tampa, FL 33614

DOMESTIC FILING

P95000011393

NAME: GLOVER & GLOVER INCORPORATED

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

TL
2-10-95
01

FILED
95 FEB -9 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
GLOVER & GLOVER INCORPORATED

FILED
95 FEB -9 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

GLOVER & GLOVER INCORPORATED

The address of the principal office of this corporation shall be Post Office Box 151586, Tampa, Florida 33614, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and addresses of the initial members of the Board of Directors are:

John T. Glover
Dir.

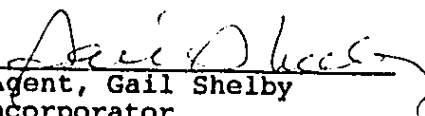
Post Office Box 151586
Tampa, Florida 33614-1586

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

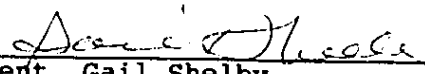
Corporate Agents, Inc.
1201 Hays Street
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on February 9, 1995.


Its Agent, Gail Shelby
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: 
Its Agent, Gail Shelby
Authorized Service Representative
Corporation Service Company

DBC/dgs

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPROVED
AND
FILED**

1996 OCT 21 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011393

1. Corporation Name

GLOVER & GLOVER INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 151506
TAMPA FL 33614

P.O. BOX 151506
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | |
|--|--|--|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |

| | |
|---|----------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | |
| 02/09/1995 | |
| 5. FEI Number | Applied For |
| 59-3295055 | Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must have at least 3 directors) | | | |
|---|-----------------------------------|---|--|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| D. | GLOVER, JOHN T | P.O. BOX 151506 (N/A) | TAMPA FL 33614 |
| | | | 200001931142--7 -10/30/96--01114--014 *****175.00 *****175.00 |
| | | | 200001991142--7 -10/30/96--01114--015 *****61.25 *****61.25 |
| | | | REINSTATEMENT 200001991142--7 -10/30/96--01114--016 *****138.75 *****138.75 |

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301 | | Name: John T. Glover Street Address (P.O. Box Number is Not Acceptable): 5627 Ashley Oaks Drive Suite, Apt. #, Etc.: Unit # 32 City: Tampa State: FL Zip Code: 33617 | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *[Signature]* Date: September 17, 1996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 6C.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-96 813-899-1200
Date Daytime Phone #