

PG5000020113

TRANSMITTAL LETTER

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

800001421248  
-03/03/95--01095--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: H.P. GLORY Corp.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

W95-4878

FROM:

Sante V. Cimino  
Name (printed or typed)

dB 3/13/95

171 Glades Rd.  
Address

Boca Raton, Fla. 33432  
City, State & Zip

(407) 488-4333  
Daytime Telephone number

TALLAHASSEE, FLORIDA

1995 MAR 13 PM 3:00

FILED

NOTE: Please provide the original and one copy of the articles.



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

March 6, 1995

**SANTE V. CIMINO**  
171 GLADES ROAD  
BOCA RATON, FL 33432

**SUBJECT: H.P. GLORY CORP.**  
Ref. Number: W95000004878

We have received your document for H.P. GLORY CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick  
Corporate Specialist

Letter Number: 195A00009858

**ARTICLES OF INCORPORATION**

FILED

1995 MAR 13 PM 3:00

TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

H.P. Glory Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

171 Glades Rd  
BOCA RATON, FLA. 33432

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 onethousand

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Sante V. Cimino  
171 GLADES Rd.  
BOCA RATON, FLA. 33433

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sante V. Cimino  
23439 Shetland Run  
Boca Raton, Fla.  
33433

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of March, 19 95.

Sante V. Cimino  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: H.P. Glory Corp.

2. The name and address of the registered agent and office is:

Sante V. Cimino  
(Name)  
171 Glades Rd.  
(P.O. Box not acceptable)  
Boca Raton, Fla. 33432  
(City/State/Zip)

FILED  
1995 MAR 13 PM 3:00  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Sante V. Cimino  
(Signature)

3/1/95  
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

96 NOV 21 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000020113**

1. Corporation Name

**H.P. GLORY CORP.**

Principal Place of Business

**171 GLADES ROAD  
BOCA RATON FL 33432**

Mailing Address

**171 GLADES ROAD  
BOCA RATON FL 33432**

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

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/13/1995**

5. FEI Number

**65-0570415**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

3. Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

4. City / State / Zip

**Pres**

**Cimino, Sante**

**171 Glades Rd  
Boca Raton, Fla 33432**

**300002014313--4  
-11/26/96--01101--002  
\*\*\*\*375.00 \*\*\*\*375.00**

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**CIMINO, SANTE V  
171 GLADES ROAD  
BOCA RATON FL 33433**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

(See other side for information  
on intangible tax.)

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

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 607.401 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)(b), 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

**10/15/96**

Date

**561-488-4333**

Daytime Phone