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TRANSMITTAL LETTER

FILED

00 JUL -5 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-07/05/00--01123--006
122.50 **78.75

SUBJECT: AMERICAN STORM SHUTTERS, 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

Additional Copy Required

FROM: Rafael J Medina
Name (printed or typed)

9501 SW 37 St
Address

Miami, FL 33165
City, State & Zip

(305)229-1877
Daytime Telephone number

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

D. BROWN JUL - 7 2000

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
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:

AMERICAN STORM SHUTTERS, CORP

ARTICLE II PRINCIPAL OFFICE

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

9501 SW 37 St
Miami, FL 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundred (-500-) Shares, With \$1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Rafael J Medina
9501 SW 37 St Miami, FL 33165

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: AMERICAN STROM SHUTTERS, CORP.

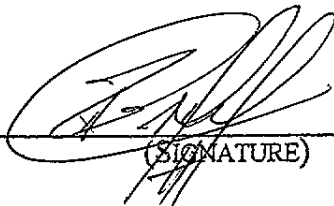
2. The name and address of the registered agent and office is:

Rafael J Medina
(NAME)

9501 SW 37 St
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Miami, FL 33165
(CITY/STATE/ZIP)

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.


(SIGNATURE)

June 28, 2000
(DATE)