## Page 2 of 1000 02/01-0415/7:0/GMT 13053284774 Division desporations

From: Yanet Avila

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000097493)))



H210000097493ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	To:			~``	
		179			
00	:	Fax Number	: (850)617-6381		
$\sim$ 1	•			The second se	
Ä.	,Ęrom:			1	
PM 12:		Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	ပ်ာ	
<u>~</u>		Account Number	: 120000000146	_	
		Phone	: (305)444-4994	70	
CD		Fax Number	: (305)444-4977	* <u>·</u>	
ı		•	, ,	<u> </u>	
3:				<i>ن</i> ٦١	
	s for this business entity to be used for future	?			
2021	annual report mailings. Enter only one email address please. $^{\pm 4}$				
	Em-	ail Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION CC'S GOOD WINDOW & DOOR COMPANY INC

Certificate of Status	0
Certified Copy	()
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 4

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailina address	Mailing address, if different is:	
477 ARNAZ	CIRCLE	Wanning name 35,		
ORT CHARI	OTTE, FL 33981			
<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>		
RTICLE III PUR se purpose for which	PROSE that the corporation is organized is: $AN$	Y AND ALL LAWFUL BU	ISINESS	
			) (5) (i.,	
			CO	
			-0 :: <u>-</u>	
1.4.4			亮	
RTICLE IV SIL	ARES of stock is: 100		52	
ie number of snares	OI SIDER ES. 100	^_ <del>*****</del>		
	TIAL OFFICERS AND/OR DIRECTOR	<u>\$</u>		
Name and T	itle: PSTD	Name and Title:		
Address	STEPHEN GOOD	Address:		
	9477 ARNAZ CIRCLE	\$2.000 (\$1.000 \$	· · · · · · · · · · · · · · · · · · ·	
	PORT CHARLOTTE,FL	33981		
		Name and Tide.		
Name and Ti	ide:			
Address		Address:		
		<del> </del>		
		AND THE RESERVE OF THE PERSON		
Name and T	itle:	Name and Title:		
Address		AMMINES.		

Name and Title:		Name and Title:	
Address		Address:	
	7 11-7 11-7 11-7 11-7 11-7 11-7 11-7 11		
ARTICLE VI I	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	STEPHEN GOOD		
Address:	9477 ARNAZ CIRCLE	_	
	PORT CHARLOTTE, FL 33981		
- 0000000 10 10 10	DICARDOR ITAR		
	INCORPORATOR		
Name:	Idress of the Incorporator is: STEPHEN GOOD		
Address:	9477 ARNAZ CIRCLE	•	
Address.	PORT CHARLOTTE, FL 33981	<del>-</del> 	
Effective date if	EFFECTIVE DATE: 01/04/202 other than the date of filing:		
(If an effective d filing.)	ate is listed, the date must be specific and conne	ot be more than five days pa	rior or 90 days after the
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 c	flective date on the Department of State's records.		
Having been nan certificate, I am f	ned as registered agent to accept service of process formular with and ascept the appointment as register	or the above stated corporation red agent and agree to act in t	n at the place designated in this his capacity
€:0	EL ()		01/04/2021
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are Department of Stole constitutes a third degree felon	true. I am aware that the fa y as provided for in s.817.153	dse information submitted in a 5, F.S.
€.0		· · ·	01/04/2021
Required Signatu	re/Incorporator	Da	