F190000003198

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

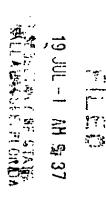


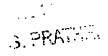
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The 26,209

COVER LETTER

TO: Registration Section Division of Corporati	ons		
SUBJECT: Architectural Do	oors & Windows		
SUBJECT.	Name of corporatio	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good Sta	nding" and check are sub	
Please return all corresponder	nce concerning this matte	er to the following:	
Jill M. Hazlewood			
	Name of	Person	
Bernstein Shur			
	Firm/Cor	npany	
100 Middle Street, P.O. Box 973	29		
	Add	ress	
Portland, ME 04104-5029			
	City/State	and Zip code	
jhazlewood@bernsteinshur.com			
E-	nail address: (to be used	for future annual report	notification)
For further information conce	rning this matter, please	call:	
Jill M. Hazlewood	207 at (774-1200	
Name of Person	Area Co	de Daytime Telep	shone Number
STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a check for the fo	llowing amount:		
	678.75 Filing Fee & Gertificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Architectural Doc			
(Enter name of co	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Architectural Do	ors & Windows Inc.		
(If name unavailal	ole in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in	Florida)
Maine	3.		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
May 23, 1996	5.		
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)		1)
July 1, 2019			
o	(Date first transacted business in		
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty hability)	
7. 865 Spring Street,	Westbrook, ME 04092	· · · · · · · · · · · · · · · · · · ·	
	, ,	al office address)	
PO Box 910, Wes	stbrook, ME 04092-0910	10.1100	
	(Current mailin	g address, if different)	بد مُن افِر
	(D.C	NOT apportable)	9
8. Name and stree	t address of Florida registered agent: (P.C	b. Box NOT acceptable)	
Name:	C T Corporation System		-
Office Address	1200 South Pine Island, Road		至]
Office Address:	Plantation	, Florida	<u> </u>
	(City)	(Zip code)	河岸当
9. Registered age	ent's accéptance:	C	

Having been named as registered ugent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C.T Corporation System

Registered agent's orgnature AND EN REAL AND ENTERINGENTAL AND ENTERINGENT ENTERINGENT

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: Jonathan S. Cohen	
865 Spring Street, Westbrook, ME 04092 Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Jonathan S. Cohen	
President:	₩
VC - D	
Vice President:	e 2
Address:	
Secretary: Jonathan S. Cohen	神楽
865 Spring Street, Westbrook, ME 04092 Address:	
Jonathan S. Cohen	
Treasurer: 865 Spring Street, Westbrook, ME 04092 Address:	
NOTE: If necessary, you may attach an addendum to the appl	cation listing additional officers and/or directors.
Signature of Direct The officer or director signing this document (and who is listed are true and that he or she is aware that false information submathird degree felony as provided for in s.817.155, F.S.	in number 11 above) affirms that the facts stated herein
13. Jonathan S. Cohen, President and Director	
(Typed or printed name and capacity o	f person signing application)

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that ARCHITECTURAL DOORS & WINDOWS, formerly PG PROGLASS CONSTRUCTION is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is May 23, 1996.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this nineteenth day of June 2019.

Matthew Dunlap Secretary of State

Authentication: 6436-803