

TRANSMITTAL LETTER

P000000022132

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

of the Palm Beaches

SUBJECT: THE SHUTTER DEPOT INC.
(Proposed corporate name - must include suffix)

EFFECTIVE DATE
2.20.00

800003148628-7
-02/28/00--01004--016
*****87.50 *****87.50

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michael C Miller
Name (Printed or typed)

4777 Square Lake DR -
Address

Palm Beach Gardens FL 33418
City, State & Zip

561-313-4042 561-625-9029
Daytime Telephone number

FILED
2000 FEB 25 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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W-5771

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

EFFECTIVE DATE

2-20-00

The SHUTTER DEPOT OF THE Palm Beaches, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4777 Square Lake DR.
Palm Beach Gardens FL 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HURRICANE SHUTTERS AND Supplies

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

MICHAEL AND FEERANNE MILLER
4777 Square Lake DR.
Palm Beach Gardens FL 33418

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Michael C Miller
4777 Square Lake DR.
P.B.G. FL 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Michael C Miller
4777 Square Lake DR.
P.B.G. FL 33418

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/Registered Agent

Michael C Miller

Signature/Incorporator

Michael C Miller

02-24-2000

Date

02-24-2000

Date

Effective DATE : 02-20-2000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 FEB 25 AM 11:15

FILED