

700000046837

TRANSMITTAL LETTER

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

700003233667--2  
-05/01/00--01145--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Woolley's Glass Service Inc.  
(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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Michael Woolley  
Name (Printed or typed)

145 Tina Ln.  
Address

Naples, FL 34104  
City, State & Zip

(941) 262-3342  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY 10 AM 8:37

FILED

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

T BROWN MAY 11 2000

May 5, 2000

To whom it may concern in  
The Division of Corporations for  
The State of Florida:

I, Michael D Woolley, identified by Social Security  
Number 306-52-6077 do hereby relinquish any claim  
to usage of the name WOOLLEY'S GLASS SERVICE, INC.  
This company was sold and the corporation dissolved  
as of April 7, 1998.

I have no intentions of using the name in the future.

Please note this in your records.



*Sunisa Kamtakosol*  
Sunisa Kamtakosol  
MY COMMISSION # CC895260 EXPIRES  
December 13, 2003  
BONDED THRU TROY FAIR INSURANCE, INC.

State of: Florida  
County : Collier

Thank you,

Michael D. Woolley  
Identified by Social  
Security No. 306-52-6077

**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:

Woolley's Glass Service Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

145 Tina Ln.  
Naples, FL 34104

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Contract Glazing

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address registered agent is:

145 Tina Ln. Michael Woolley  
Naples, FL 34104

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael Woolley  
145 Tina Ln.  
Naples, FL 34104

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\_\_\_\_\_  
Signature/Registered Agent

4-29-00  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

4-29-00  
\_\_\_\_\_  
Date

FILED  
00 MAY 10 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA