POODO 108693

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

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SUBJECT:	Fastglas,					
	(Proposed corpor	rate name - must include suf	ffix)	_		
Enclosed is an original	and one(1) copy of the article	s 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 CO	PY REQUIRED			
FROM: _	Pleiman & Co., Name (P	PA rinted or typed)		SECRETAL TALLAHAS	00 NOV 20	<u> </u>
-		Road Suite 308 Address		RY OF STATE SEE, FLORID	0 AM 8: 00	THE
	Jacksonville, F City,	L 32256 State & Zip	 ,	>' ''		<u>.</u> •
	(904) 448–5005 Daytime T	elephone number	······································		— <u>.</u> ;	: =: [*]

F. CHESSEN NOV 2 2 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ARTICLE I NAME

The name of the corporation shall be

Fastglas, Inc.



ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be. 4115 Forest Blvd

4115 Forest Blvd Jacksonville, FL 32246

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Thomas C. Pleiman Jr., CPA
9471 Baymeadows Road Ste 308
Jacksonville, FL 32256

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are Pleiman & Company, PA 9471 Baymeadows: Rd.

Jacksonville, FL 32256

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Date