# DO4148

# Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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# FLORIDA PROFIT CORPORATION OR P.A.

## ABSOLUTE GLASS PROTECTION INC.

Certificate of Status	0
Certified Copy	1
Page Count	( 03/
Estimated Charge	\$78.75

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

ABSOLUTE GLASS PROTECTION INC.

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

15841 PINES BLUD # 191 PEMBROKE PINES, FL 33027

## ARTICLE III -SHARES

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAFAEL FERNANDEZ 9720 E. CALUSA CLUB DR WIAMI FL 33186 OT JAN TO AMID: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN-10-01 WED 04:53 PM

## FAX:3052201440 HO1000004751

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of RAFAEL FERNANDEZ Incorporation is:

9720 E. CALUSA CLUB DR. WIAMI FL 33186

The undersigned incorporator has executed these Articles of Incorporation this 10 day of JANUARY 2001

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

RAFAEL FERNANDEZ PRESIDENT 9720 E. CALUSA CLUB DR. MIDMÍ FL 33186

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent

Registered Agent Signiture