

P01000035968

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

400003961384--5  
-04/05/01--01095--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: WINDOW & DOOR CONCEPTS 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: ALBERT J. DEMATEIS  
Name (Printed or typed)

625 SWEETWATER COVE BLVD. S.  
Address

LONGWOOD, FL. 32779  
City, State & Zip

407. 947. 9219  
Daytime Telephone number

FILED  
01 APR -5 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

ARTICLE I NAME

The name of the corporation shall be:

WINDOW & DOOR CONCEPTS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

625 SWEETWATER COVE BLVD. SOUTH  
LONGWOOD, FL. 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL WINDOW & DOOR PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 50,000.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ALBERT J. DEMATEIS

ANDREA DEMATEIS

625 SWEETWATER COVE BLVD. S.  
LONGWOOD, FL. 32779

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ALBERT J. DEMATEIS

625 SWEETWATER COVE BLVD. S.  
LONGWOOD, FL. 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALBERT J. DEMATEIS

625 SWEETWATER COVE BLVD. S.  
LONGWOOD, FL. 32779

\*\*\*\*\*  
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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

FILED  
01 APR -5 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4-3-01

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