## POIOOOO 1

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

SUBJECT: L	3 M SYSTEMS CORPO	OF SOUTHWET FLOR DRATE NAME - MUST INCLU	IDA INC.	<del></del> ·
		-	00004487 -07/20/010 *****87.50	5576 1059027 *****87.50
Enclosed is an orig	ginal and one(1) copy of the a	rticles of incorporation and a	check for:	7
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	c 0
FROM: LUCAS CAZAMEZ RODZIGUES  Name (Printed or typed)  6210 MEDICI CH # 102  Address			FILED I JUL 20 AMID: 13 ECRETARY OF STATE	
	SARAGOTA -P	City, State & Zip	<del></del>	·
	(941) 3795301 Daytin	(941) 5878134 me Telephone number	Makero or	

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

P3/24/01/

ARTICLES OF INCORPORATION					
In compliance with Chapter 607 and/or Chapter 621,	F.S. (Profit)	FILED			
		01 JUL 20 AM 10: 13			
ARTICLE I NAME	== + · · · · · · · · · · · · · · · · · ·				
The name of the corporation shall be:	I ARITA THE	SECRETARY UF STATE			
The name of the corporation shall be:  LDM SYSTENS OF SOUTHWEST	ENOW M INC	, TALLAHAUGELY LEGISLE			
	•				
ARTICLE II PRINCIPAL OFFICE					
The principal place of business/mailing address is:					
6210 MEDIC CT # 102					
GARASOTA-FL, 34243					
ARTICLE III PURPOSE					
The purpose for which the corporation is organized is	 <b>S!</b>	-			
PONET CORPORATION					
WINDOW FILM INSTAULATION/SD	ING CONTROL /HI	repieANE PROTECTION.			
ARTICLE IV SHARES	-··				
The number of shares of stock is:					
-500	-				
ARTICLE V INITIAL OFFICERS DIRECT	ORS (optional)				
The name(s) and address(es):					
WCAS CARAMEZ RODRIGUES					
5500 HENTGRASS # 301					
SARASOTA CL 34235					
ARTICLE VI REGISTERED AGENT	= .	<b>−</b> .			
The name and Florida street address of the register	ed agent is:				
WCAS CARAMEZ RODRIGUES	±*	•			
5500 BENGRASS \$ 301	-				
SARASOTA - FL, 34235					
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:	A Administration of the Control of t	· · · · · · · · · · · · · · · · · · ·			
WCAS CARAMET RODRIGUES	Ξ.				
55.00 BENTGRASS # 301					
SARASOTA PL 39235	-				
•	*******	*******			
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certificate, I am familiar with and accept the appointment as re	gistered agent and agree to act	in this capacity			
4601		a> ha /a:			
12 12 A adilul.	· ·	07/10 /01			
Signature/Registered Agent	*	Date			
007381		02/			
the Schoolinguel.		10/01/50			
Signature/Incorporator		Date			