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

SUBJECT: JENKINS-MOATS WINDOW SPECIALISTS, INC. (Proposed corporate name - must include suffix)

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| 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 | \$122.50 Filing Fee & Certified Copy | \$131.25 Filing Fee, Certified Copy |

& Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>SENKINS-MOATS WINDOW SPECIALISTS</u>, INC.
Name (Printed or typed)

P.U. BOX 604
Address

HILLIARD, FL 32046-0604

City, State & Zip

(904) 845-4753 (R) (904) 545-0030

13/24/01

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

FILED

ARTICLES OF INCORPORATION

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SECRETARY OF STATE

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

The name of the corporation shall be: JENKINS-MOATS WINDOW SPECIALISTS, INC.

PRINCIPAL OFFICE

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

5533 ALPHA AVE.

JACKSONVILLE, FL

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND COMMON AT PARVALUE OF TEN (#10.00) PER SHARE.

<u>Initial registered agent and street addres</u>

The name and Florida street address of the initial registered agent are:

HILLIARD, FL 32046-0604

INCORPORATOR

Mules Signature/Incorporator

The name and address of the incorporator to these Articles of Incorporation are:

MICHAEL B. JENKINS P.O. BOX 604 8526 W. FIFTH AVE.

HILLIARD, FL 32046-0604

(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 resistered agent

Signature/Registered Agent