TRANSPITER 8781

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

SUBJECT:

SHADES ETC., INC.

CONTRACTOR OF STATE O Enclosed is an original and one (1) copy of the articles of incorporation ar

□ \$70.00

□ \$78.75

\$78.75

□ \$87.50

Filing Fee Filing Fee

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& Certificate of Status & Certified Copy Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

A1A Florida Corporate Services 218 Southern Country Lane **Quincy, FL 32351** 1-850-921-4840

> 600004573016 -09/06/01--01090--00 ****548.75 *****78.75

J. BRYAN SEP - 6 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SHADES ETC., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16111 Magnolia Ave.

Summerfield, FL 34491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 Shares of Common Stock Par Value \$.10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es)

Director & President

Steven E. Fugate

16111 Magnolia Ave.

Summerfield, FL 34491

Vice President

Robert F. Guelde

16111 Magnolia Ave.

Summerfield, FL 34491

Secretary & Treasurer

Deborah L. Fugate

16111 Magnolia Ave.

Summerfield, FL 34491

ARTICLE VI REGISTERED AGENT

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

Larry Sisson

218 Southern Country Lane

Quincy, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

A1A Florida Corporate Services

Larry Sisson

218 Southern Country Lane

Quincy, FL 32351

of Florida.

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

Signature/Incorporator

9/6/0/ Date

> 0/0/ Date

> > OI SEP-6 PM 3: 23
> > SECRETARY OF STATEA