

Division of Corporations

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Florida Department of State  
Division of Corporations  
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2003 MAR 12 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Acorn Glass, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
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15 3/13/03

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## 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:

**Acorn Glass, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**Acorn Glass, Inc.**

423 W. Vine Street  
Kissimmee, FL 34741

### ARTICLE III SHARES

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

**1000 Shares at \$1.00 Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Anthony P. Horsefield  
423 W. Vine Street  
Kissimmee, FL 34741**

*Prepared By:*

**Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940**

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ARTICLES V INCORPORATOR(S)

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

Anthony P. Horsefield  
423 W. Vine Street  
Kissimmee, FL 34741

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of February 2003.

A handwritten signature in black ink, appearing to read 'A. Horsefield', is written over a horizontal line.

Anthony P. Horsefield - Signature

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Acorn Glass, Inc.**

2. The name and address of the registered agent and office is:

**Anthony P. Horsefield**

Name

**423 W. Vine Street**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Kissimmee, FL 34741**

(City / State / Zip)

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*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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*



**Anthony P. Horsefield**  
SIGNATURE

**March 11th, 2003**

(Date)

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