

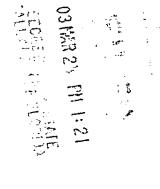
| (Requestor's Name)                      |                        |  |  |  |
|---|------------------------|--|--|--|
| (Address)                               |                        |  |  |  |
| (Address)                               |                        |  |  |  |
| (City/S                                 | State/Zip/Phone #)     |  |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |  |
| (Business Entity Name)                  |                        |  |  |  |
| (Document Number)                       |                        |  |  |  |
| Certified Copies                        | Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                        |  |  |  |
|   |                        |  |  |  |
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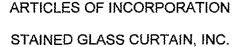


# TRANSMITTAL LETTER - ARTICLES OF INCORPORATION

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

| SUBJECT: ST        | AINED GLASS CURTAIN.          |                             | <u> </u>           |
|--------------------|-------------------------------|-----------------------------|--------------------|
|                    | (Proposed corporate           | name - must include suffix) |                    |
|                    |                               |                             |                    |
|                    |                               |                             |                    |
|                    |                               |                             |                    |
| Enclosed is an ori | ginal and one (1) copy of the | articles of incorporation   | n and a check for: |
|                    | <u>-</u> .                    |                             |                    |
| <b>\$70.00</b>     | \$78.75                       | <b>⊠</b> 78.75              | \$87.50            |
| Filing Fee         | Filing Fee                    | Filing Fee                  | Filing Fee,        |
| -                  | & Certificate of Status       | & Certified Copy            | Certified Copy     |
|                    |                               |                             | & Certificate of   |
|                    |                               |                             | Status             |
|                    |                               | ADDITIONAL CO               | PY REQUIRED        |
|                    |                               |                             |                    |
| FROM:              | Bonnie Hendricks              |                             |                    |
| TROM.              | Name (Print                   | ed or typed)                |                    |
|                    |                               |                             |                    |
|                    | c/o SWART BAUMRUK             | & COMPANY, LLP              |                    |
| ·                  | 717 East Oak Street           | <del></del>                 |                    |
|                    | Address                       | •                           |                    |
|                    | Kissimmee, FL 34744           |                             |                    |
|                    | City, State &                 | Zip                         |                    |
|                    | •                             | •                           |                    |
|                    | (407) 047 7466                |                             |                    |
|                    | (407) 847-7466                | ephone Number               |                    |
|                    | Dayume rei                    | ebuone tannoci              |                    |

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





#### ARTICLE I. NAME

The name of this corporation shall be Stained Glass Curtain, Inc.

## ARTICLE II. DURATION

This corporation shall have perpetual existence commencing on March 20, 2003.

## ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

## ARTICLE IV. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00 per share.

#### ARTICLE V. ADDRESS

The initial post office address of the principal place of business of this corporation is 1071 Francis Street, Altamonte Springs, FL 32701. The initial mailing address of this corporation is 717 East Oak Street, Kissimmee, FL 34744. The Board of Directors may, from time to time, move the principal office to any other address in Florida and/or may change the mailing address.

#### ARTICLE VI. DIRECTORS

This corporation shall have two directors initially. The number of directors may be changed from time to time by the bylaws. The names and addresses of the initial directors, who will serve until the first annual meeting of shareholders of the corporation or until their successors are duly elected and qualified are:

NAME ADDRESS

Maylene Jordan 1071 Francis Street

Altamonte Springs, FL 32701

Walter Jordan 1071 Francis Street

Altamonte Springs, FL 32701

## ARTICLE VII. SUBSCRIBERS

The subscriber to these Articles of Incorporation is:

NAME

**ADDRESS** 

Harry J. Swart, CPA

717 E. Oak Street Kissimmee, FL 34744

#### ARTICLE VIII. OFFICERS

The officers of this corporation shall be President, Vice President, Secretary, and Treasurer. They shall be elected by the Board of Directors.

#### ARTICLE IX. REGISTERED AGENT

The initial registered agent and registered agent's address for service of process for this corporation is:

NAME

**ADDRESS** 

Harry J. Swart, CPA

717 E. Oak Street Kissimmee, FL 34744

## ARTICLE X. AMENDMENTS

These Articles of Incorporation may be amended in the manner set forth in the bylaws of this corporation.

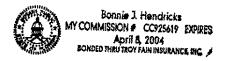
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 19th day of March 2003.

Harry J. Swart, CPA

STATE OF FLORIDA COUNTY OF OSCEOLA

BEFORE ME, a Notary Public authorized to take acknowledgments in the state and county set forth above personally appeared Harry J. Swart, known to me personally and executed the foregoing Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid this 19th day of March 2003.



Bonnie J. Hendricks \
Notary Public, State of Florida

## DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

The undersigned subscriber of Stained Glass Curtain, Inc., designates the following individual as registered agent for this corporation:

Harry J. Swart, CPA 717 E. Oak Street Kissimmee, FL 34744

Harry J. Swart, CPA

## ACCEPTANCE OF REGISTERED AGENT

The undersigned does hereby accept the designation as registered agent of Stained Glass Curtain, Inc.

DATED this 19th day of March 2003.

Harry J. Swart, CPA