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TRANSMITTAL LETTER

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

SUBJECT: WINDOW TNS TALLERS OF VOLUSIA, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	JOHN MARTIN Name (Printed or typed)			
POBOX 52 Address DELTO NA FL 33739 City, State & Zip 386 - 804 - 9184 Daytime Telephone number				

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



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:

WINDOW INSTALLERS

OF VOLUSIA, TNE.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2441 OMAHA DR. DELTONA, FL 32738

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JOHN MARTIN

PO BOX 52

DELTONA, FL 32739

ARTICLE VI REGISTERED AGENT

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

JOHN MARTIN

2441 OM HA DR.

DELTONA, FL 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN MARTIN 24410 MAHA DR. DELTONA, FL 32738

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I due familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Integroporator

8-14-03 Date

8-14-03 Date