# P03000130680

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
Office Use Only				
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FILED.

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# TRANSMITTAL LETTER

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

SUBJECT: SAN	DERS VINYL & ALUMINUM			
	(PROPOSED CORPORA)	TE NAME – MUST INCL	UDE SUIFIX)	
Frales description	2ma1 am 1 am 200 am m 200 am 200	an esta de la	, , , ,	
Enclosed are an ong	ginal and one (1) copy of the artic	ies of incorporation and	a check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee		Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	2 1111 112	
FROM: T	IMOTHY SANDERS			
	Name (	Printed or typed)		
3758 FOX HUNT ROAD				
Address				
	OUD! EVEN 00400			
	CHIPLEY FL 32428			
City, State & Zip				
	850-773-2899			
	Daytime Te	elephone number	, ,	

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

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# 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: SANDERS VINYL & ALUMINUM, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3770 FOX HUNT ROAD CHIPLEY FL 32428

# ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: TO CONDUCT BUSINESS FOR A PROFIT

# ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @ \$0.01/SHARE PAR VALUE

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**TIMOTHY SANDERS** 3758 FOX HUNT ROAD CHIPLEY FL 32428 PRESIDENT

SCARLAT SANDERS 3758 FOX HUNT ROAD CHIPLEY FL 32428 VICE PRESIDENT

CHRISTOPHER SANDERS 1850 FOREST AVE CHIPLEY FL 32428 SECRETARY

# REGISTERED AGENT

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

TIMOTHY SANDERS 3758 FOX HUNT ROAD CHIPLEY FL 32428

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WANDA WHEELER 513 9TH STREET APT C PORT ST JOE FL 32456

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

11-05-03 Date