

P04000032875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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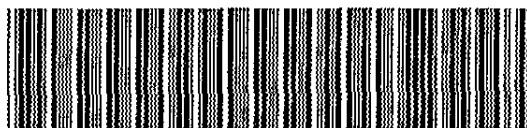
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECTION 6  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** A.W.N SERVICES, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** C/O MAIRA PENN  
Name (Printed or typed)

PO BOX 771894  
Address

ORLANDO, FL 32877  
City, State & Zip

407-926-5762  
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:

A.W.N SERVICES, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 771894 ORLANDO, FL 32877

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO INSTALL GARAGE DOORS

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT: WILFREDO NARVAEZ 429 FOUNTAINHEAD CIRCLE #220, KISSIMMEE, FL 34741

SECRETARY/TREASURER: ADLIN COLON 429 FOUNTAINHEAD CIRCLE #220 KISSIMMEE, FL 34741

### ARTICLE VI REGISTERED AGENT

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

MAIRA PENN 5401 S. KIRKMAN ROAD, SUITE 310, ORLANDO, FL 32819

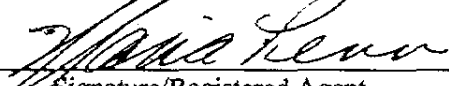
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

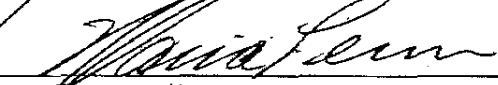
MAIRA PENN 5401 S. KIRKMAN ROAD, SUITE 310, ORLANDO, FL 32819

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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

2-10-2004  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-10-2004  
\_\_\_\_\_  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA