

P04000050134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

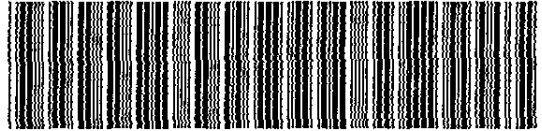
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DR 2/10

## TRANSMITTAL LETTER

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

**SUBJECT:** STATEWIDE GLASS WINDOWS & DOORS REPAIRS, CORP.  
(Proposed corporate name - must include suffix)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** RAUL PALOMINO  
Name (Printed or typed)

4940 N.W. 181 TERRACE  
Address

MIAMI, FL 33055  
City, State & Zip

(786) 547-9102  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

Article 1: Name of Corporation: STATEWIDE GLASS WINDOWS & DOORS REPAIRS CORP.

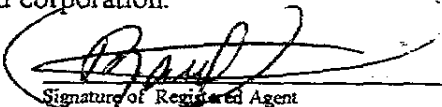
Address of Corporation: 4940 N.W. 181 TERRACE  
MIAMI, FL 33055

Article 2: CAPITAL STOCK: The number of shares which the corporation has Authorized to be outstanding at any one time is 1000, with A par value of \$1.00. (Par value is not required.)

Article 3: REGISTERED AGENT: RAUL PALOMINO

And  
REGISTERED OFFICE: 4940 N.W. 181 TERRACE  
MIAMI, FL 33055

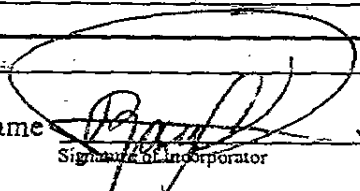
I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

  
Signature of Registered Agent 3-16-04 Date

Article 4: BOARD of DIRECTORS are (Board of Directors is Not Required)  
First listed is President. Second is Vice-President. Then Sec/Treasurer.

1. RAUL PALOMINO - PRESIDENT
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Article 5: The Name and Address of the INCORPORATOR is: RAUL PALOMINO  
4940 N.W. 181 TERRACE  
MIAMI, FL 33055

In witness whereof, I have subscribed my name  3-16-04 Date

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