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Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Z004 MAR 25 PM 1: 43

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RE: A Cut Above Siding & Widows Inc

Very Truly Yours,

Roger D. Miles

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

(Individuals Name)

A Cut Above Siding & Windows, Inc.
(Name Of Corporation)

__Mailing Address Of Corporation___

975 Falcon Drive
Barefoot Bay, FL. 32976

Phone_____

(772) - 532-6803
Area Code Number Ext.

ARTICLES OF INCORPORATION

	introdes of	11100111 01011101	*
		of	
		iding & Windows	Inc
	(name	of corporation)	
	as the incorporators of a corporation for such corporation:		Business Corporation Act, adopt(s)
	ARTICLE I -	CORPORATE NAME	~1
The name of the corpora	ation is:		AL P
		iding & Windows	Inc.
This corporation shall e	ARTICL xist perpetually unless dissolv	E II - DURATION ed according to Florida la	25 PM 1: 43 ASSEE FLORID
	∆ RTICI	.E III - PURPOSE	OF G
The corporation is organ United States and the State of	nized for the purpose of engag		siness permitted under the laws of the
	ARTICLE I	V - CAPITAL STOCK	
The corporation is author	orized to issue 100 sha	ares of common stock, par	value \$ 1.00 per share.
The street address of the	ARTICLE V - INI e initial principal office and, if	TIAL PRINCIPAL OFFIC different, the mailing add	
STREET ADDRESS			
	975 Falcon Dr	ive	
			710 22076
CITY	Barefoot Bay	FLORIDA	ZIP 32976
CITY Mailing address, if di	· · · · · · · · · · · · · · · · · · ·	FLORIDA	ZIP 32970
<u> </u>	· · · · · · · · · · · · · · · · · · ·	FLORIDA	ZIP 32970
Mailing address, if di	· · · · · · · · · · · · · · · · · · ·	FLORIDA	ZIP 32970

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Roger D. Miles		
ADDRESS	975 Falcon Drive	>	
CITY	Barefoot Bay	FLORIDA	Z IP32976

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	<u> </u>) directors initially. The number of directors ma	ay be
either increased or diminished from	time to time by the By-Laws, I	but shall never be less than one (1). The names and	
addresses of the initial director(s) of	the corporation are as follows:	s:	

NAME		Roger D. Miles	President	
ADDRESS		975 Falcon Drive	•	
CITY		Barefoot Bay	STATE Florida	ZIP 32976
NAME		Michelle L. Meye	ers Vice President	
ADDRESS			XX 975 Falcon Drive	
CITY	Barefoot Bay	XXBXXKXXX	STATE Florida	ZIP 32976 XXXXXX
NAME				
ADDRESS	 			
CITY		·	STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Roger D. Miles		
ADDRESS	975 Falcon Driv	e	
CITY	Barefoot Bay	STATE Florida	ZIP 32976
NAME	Michelle L. Mey	ers	
ADDRESS	975 Falcon Driv	e	,
CITY	Barefoot Bay	STATE Florida	ZIP 32976
NAME			
ADDRESS			79 mg - 77 mg
CITY		STATE	ZIP

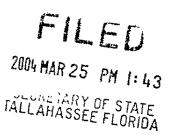
The unders	igned incorpo	orator(s) have executed these Articles of Incorporation this23r	<u>d</u>
day of	March	, N. 9 2004 .	

Gignature)

Lieble (Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



	A Cut Abo	ve Siding	& Windows Inc	
	(nai	me of corporat	tion)	
Pursuant to Florida	Statutes Sections 48.0	91 and 607.05	501, the following is sub	omitted:
The above corporati	on, organized under t	he laws of the	State of Florida with its	s registered office
as indicated in the A	articles of Incorporation			
at	975 Falco	n Drive		
	Barefoot	Bay, FL 32	2976	
has named	Roger D.	Miles		
located at the afores	aid address, as its reg	istered agent to	o accept service of proc	ess within this
state.	, ,		p	
Siaic.				
Having been named	as registered agent ar	nd to accept se	rvice of process for the	above stated
corporation at the pl	ace designated in this	certificate, I h	nereby accept the appoin	ntment as regis-
tered agent and agre	e to act in this capaci	ty. I further ag	ree to comply with the p	provisions of all
statutes relating to the	he proper and comple	te performance	e of my duties, and I am	ı familiar with
_	ations of my position	_	-	
			-6	
Charun M	Wi-		3-24-04	' /
(S)	gnature)		(Date)	<u> </u>

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