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TRANSMITTAL LETTER

Installations, Inc.

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: Timothy R. Williams Name (Printed or typed)					
520 Se 17th Ave Address					
	Cape Coral	F1 339	90_		

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

Tracy Williams GAVE

AUTHORIZATION BY PHONE TO

CORRECT IV E

DATE 4/14/04/

DOC. EXAM

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:	
Tim Williams Custom Window Treatme	ent Installations, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 520 Se 17th Ave. Cape Corol,	F1 33990
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Blind and Window Treatment Ins	taller
ARTICLE IV SHARES The number of shares of stock is: ///	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Timothy Williams, President Tracy Williams, Secretary ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	50% OLAPR-7 PH 1:12
Tracy Williams 520 Se 17th Ave Cape Coral F1 33990	
<u>ARTICLE VII INCORPORATOR</u>	
The <u>name and address</u> of the Incorporator is: Tracy Williams 520 Se 17th Ave. Case Cough Fl 33990	****
Having been named as registered agent to accept service of process for the above stated	
certificate, I am familiar with and accept the appointment as registered agent and agree to	act in this capacity
Signature/Registered Agent	$\frac{4-5-09}{\text{Date}}$
Track. Welliams	45-04
/ Signature/Incorporator	Date