# fo4000140302

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:							
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(	(Requestor's Name)					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(Address)					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(	Address)					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(	City/State/Zip/Phone #)					
(Document Number)  Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL				
Certified Copies Certificates of Status	(	Business Entity Name)					
Certified Copies Certificates of Status		Document Number)					
	`	,					
Special Instructions to Filing Officer:	Certified Copies	Certificates of S	Status				
	Special Instructions to Filing Officer:						
	ı						
			ļ				
		· · · · · · · · · · · · · · · · · · ·	<u>_</u>				

Office Use Only



900040798789

10/11/04--01010--012 \*\*78.75

JAVISTAN AND ANTIONS TALL TO STOAT TO S

04 OCT | | \$311:30 O4 OCT | | PM | PM | P2: 12

ps colu

OFFICE USE ONLY(DOCUMENT #)	
LAZARUS CORPORATE FILING	CEDVICE
	SERVICE
3320 S.W. 87 AVENUE	
MIAMI, FLORIDA (305)552-5973	
	OFFICE USE ONLY
CODDODATION NAME(s) 2. DOC	TIMENUT AITIMBED(S) (ighnoon) •
CORPORATION NAME(S) & DOC	OF THE CO
1. UNITY SHULLER	PS FNC
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time 2	Certified Copy.
Mail out Will wait	Photocopy Certificate of Status
<u> </u>	
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
. Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILIGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign Limited Partnership
Name Reservation	Reinstatement
<del> </del>	Trademark
<del> </del>	Other
	Examiner's Initials

DIVISION FILED ATTONS

04 OCT 11 PM12: 12

# ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

UNITY SHUTTERS INC

# ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7060 S.W 4 ST MIANI, FloriDA 33144

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 ×100

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

7086 SW 4 SF MIAMI FIA 33144

## ARTICLE V - INCORPORATOR

The name	and'	street	address	of the	incorporator	· to	these /	Articles	of
Incorporat	tion i	s:							

OSUALAO VENTO 7086 SUT 4 ST MIAMI Fla 33140

FRANK MATA 7315 SW 45T MIAMIFE 33144

The undersigned incorporator has executed these Articles of Incorporation this do day of Octuber 20 0

Signature

# ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

7086 Sw 4 Sq MIAMI PG 331990

7315 SW 45 MIAMI F.L 33144

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent-

Registered Agent Signature