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TRANSMITTAL LETTER

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

SUBJECT: _	COMMERCIAL DOOR REPAIRS, INC	MERCIAL DOOR REPAIRS, INC.					
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are a	n original and one (1) copy of the artic	cles of incorporation and	a check for:	٦			
☐ \$70 Filing I		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED				
FROM	f:JAY D. GRAFF, CPA						
Name (Printed or typed)							
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	Hook	უ< '	=======================================				
QUINCY, IL 62301-4159				PM I2: 59			
City, State & Zip							
	>						
	Davtime T	elephone 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:

COMMERCIAL DOOR REPAIRS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5555 SW 64TH AVENUE, DAVIE FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO REPAIR AND SERVICE COMMERCIAL DOORS AND CONDUCT ANY OTHER BUSINESS AS PERMITTED UNDER THE FLORIDA CORPORATION BUSINESS ACT.

ARTICLE IV SHARES

The number of shares of stock is: 5,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TIMOTHY K. WRICH 5555 SW 64TH AVENUE SOLE DIRECTOR AND OFFICER -- PRESIDENT/SECRETARY/TREASURER

5555 SW 64TH AVENUE DAVIE, FL 33314

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

TIMOTHY K WRICH 5555 SW 64TH AVENUE DAVIE, FL 33314

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

TIMOTHY K WRICH 5555 SW 64TH AVENUE DAVIE, FL 33314

*****	****	*****	******	********	*****	*****	*****	*****	*****	****
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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/Incorporator

N3V -- PM IS

Date

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