P05000015486

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE
TALLAHASSTELFLORIDA

ne 1/31

TRANSMITTAL LETTER

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

SUBJECT: A	UBJECT: ALL WINDOWS INSTALLERS, INC			
- * -	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
	,	•		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:	
\$70.00	□ \$ 78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		İ	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	JOHN B. ALE			
FROM:				
	Name (Printed or typed)			
	2190 SW 139 COURT			
-	. Address			
	MIAMI, FL 33175			
-	City, State & Zip			
	305-553-2090	•		
-	Daytime Telephone number			
	Daytime 16	repnone 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:

ALL WINDOWS INSTALLERS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5890 WEST 9 CT - HIALEAH, FL 33012

ARTICLE III _ PURPOSE

The purpose for which the corporation is organized is:

WINDOWS AMD HURRACANE SHUTTERS

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES OF \$ 1.00 EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

FELIBERTO A MENDEZ-PRESIDENT 5890 WEST 9 CT - HIALEAH, FL 33012

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

FELIBERTO A MENDEZ 5890 WEST 9 CT - HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
FELIBERTO A MENDEZ

5890 WEST 9 CT - HIALEAH, FL 33012

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/Registered Agent

JUAN B. ALE
Notary Public - State of Florida
My Commission Expires Sep 1, 2006
Commmission # DD120596

Commission # DD120596 Bonded By National Notary Assn.

Signature/Incorporator

Date

05 JAN 26 PM 2: 54

1/33/05

Date