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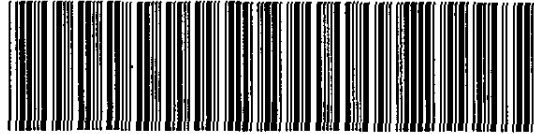
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05 MAR 21 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*3/28/05  
BWL*

## TRANSMITTAL LETTER

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

**SUBJECT:** Doctor shutters of south Florida, inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** shlomi sheloush

\_\_\_\_\_  
Name (Printed or typed)

4015 fern forest rd

\_\_\_\_\_  
Address

cooper city florida 33026

\_\_\_\_\_  
City, State & Zip

954-818-1041

\_\_\_\_\_  
Daytime Telephone 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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

Doctor Shutters of south florida, inc.

05 MAR 21 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4015 fern forest rd cooper city florida 33026

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

installation of hurricane shutters

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**

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

marcello cepinho 3547 wiles rd. # 202 coconut creek FL 33073

terrance rangel 1244 s military trail Deerfield beach FL 33442

shlomi sheloush 4015 fern forest rd. cooper city FL 33026

PD  
V  
V

**ARTICLE VI REGISTERED AGENT**

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

shlomi sheloush 4015 fern forest rd cooper city fl 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

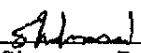
shlomi sheloush 4015 fern forest rd cooper city fl 33021

\*\*\*\*\*  
*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

3-15-05

Date

  
Signature/Incorporator

3-15-05

Date