P05000134426

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: OLITA Mendes BAVE AUTHORIZATION BY PHONE TO CORRECT LUCLE VI DATE 10/3/25 DOC. EXAM MP			

Office Use Only



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SECRETARY OF STATE TALLAHASSEF FI FRIDA

mp/3

COVER LETTER

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

	(1101022 0024 0124				
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	\$87.50 Filing Fee, Certified Copy & Certificate of		
	;	ADDITIONAL CO	Status		
	0 - 1 10 1	~			
FROM: KAFAEI Hendez Name (Printed or typed)					
8892 hw Ml In					
	HIAH, Fl City,	33018 State & Zip			
3:05. 978-4680 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	SECRETARY OF STATE TALLAHASSEF. FLORIDA
The same of the state of the st	0E 0ED 00 DH 0.00
RAFAel Hendez window Corering, It) cus ser 30 PM 2: 33
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
8892 no 171 In	
Winhiff 33018 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Includes but not limited to Installation,	Sales Decoration
The purpose for which the corporation is organized is: Includes But not Limited To Installation, of windows, WALLS AND DOORS.	/
ARTICLE IV SHARES	
The number of shares of stock is:	
160	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
RAFAel Hendez P, TR	
8892 NW 171 In	
ARTICLE VI REGISTERED AGENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent	is:
RAFAEL Mendez	
8892 NW 171 Ln	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
RAFAel Hondez	
RAFAEL Honder 0992 nW 171 LD LIPHI, FI 33018	
810EE PJ 33018	ملك جله ملك
Having been named as registered agent to accept service of process for the above stated corporation at the	e place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capaci	to /
100 / F/2	6/05
Signature/Registered Agent I	hte /
/ / /M	16 /os
Signature/Incorporator I	Date
/ /	