(Requestor's Name)
(6.11)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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D. WHITE OCT = 6.2003.



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TRANSMITTAL LETTER

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

SUBJECT: Ou	tdoor Screen E	Shutters, I	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	DARIUSZ H		Ci	
455 S.W. DAHIED HUE.				
•	Port St. Luc City,	State & Zip	34953	
	(772) 344 Daytime T	- 9907 elephone number		

NOTE: Please provide the original and one copy of the articles.

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SELRE TAKE OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

OUTDOOR SCREEN & SHUTTERS, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

455 S. W. DAHLED AVENUE PORT ST. LUCIE, FL. 34953

ARTICLE III PURPOSE

The purpose for which this corporation is organized is:

To install Screen Enclosures and Hurricane Shutters

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dariusz Malinowski 455 S.W. Dahled Avenue Port St. Lucie, FL 34953 Director/President

FILED

2005 OCT -4 A 9:47
SELNE JAR LUT STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida Street Address (P.O. Box NOT acceptable) of the registered agent

Dariusz Malinowski 455 S.W. Dahled Avenue Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Dariusz Malinowski 455 S.W. Dahled Avenue Port St. Lucie, FL. 34953

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

| Continued of the continued of the

Signature/Incorporator

Having been named as registered agent to accept service of process for the above stated