

P05000149598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

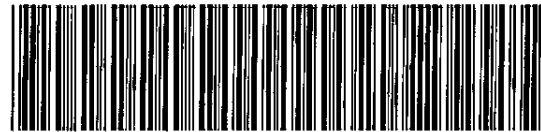
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

11/9/05

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

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TALLAHASSEE STATE  
TALLAHASSEE FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Window Tint South Florida, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/  
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

**WINDOW TINT SOUTH FLORIDA, INC.**

2005 NOV -8 PM 3: 11

TALLAHASSEE FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

*The name of corporation shall be*

**WINDOW TINT SOUTH FLORIDA, INC.**

**ARTICLE II PRINCIPAL OFFICE**

*The principal place of business and mailing address of this corporation shall be:*

402 NW 107 AVE #9  
MIAMI, FL. 33172

**ARTICLE III SHARES**

*The number of shares of stock that this corporation is authorized to have outstanding at any time is*

600 Shares of Common Stock at 1\$ Par Value

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

*The name and address of the initial registered agent is:*

GABRIELLA RODRIGUEZ  
402 NW 107 AVE #9  
MIAMI, FL. 33172

**ARTICLE V INCORPORATOR(S)**

*The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is(are)*

GABRIELLA RODRIGUEZ  
402 NW 107 AVE #9  
MIAMI, FL. 33172

**ARTICLES VI DIRECTOR(S)**

*The name(s) and street address(es) of the director(s) is (are)*

*President/Director*

GABRIELLA RODRIGUEZ  
402 NW 107 AVE #9  
MIAMI, FL. 33172

*Vice-President/Director*

GABRIELLA RODRIGUEZ  
402 NW 107 AVE #9  
MIAMI, FL. 33172

*The undersigned incorporator(s) has(have) executed these Articles of Incorporation  
This 14<sup>th</sup> day of September 2005.*

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent in the state of Florida.

1. The name of the corporation is: **WINDOW TINT SOUTH FLORIDA, INC.**
  
2. The name and address of the registered agent and office is:

Gabriella Rodriguez.  
Name

402 NW 107 Ave. #9  
P.O BOX NOT ACCEPTABLE

Miami, FL. 33172

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TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature



Date: September 14<sup>th</sup> 2005