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COVER LETTER

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

SUBJECT:	J.S.A. STORM SA			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	1625 S. WA	NERVA (Printed or typed) SHINGTON AV	* #A	
	TITUSVILLE FL 32780 City, State & Zip			
321-268-1161				
	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
	05 DEC 12 AM 8: 19
ARTICLE I NAME The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
LI.S.A. STORM SAFETY FILM, INC.	IALLAHASSEE. FLORÍDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
1625 S. WASHINGTON AVENUE, A. TITUSVILLE, FL. 32780.	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	. E
SALE & INSTALLATION OF WINDOW SAFE	TY FILM.
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
ANGELO MINERVA	
410 BALSAM AVE TITUSVILLE FL.32780.	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg	istered agent is:
ANGELO MINERVA 1625 S.WASHINGTON AVE, TI	TUSVILLE FL 32780
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
ANGELO MINERVA 1625 S. WASHINGTON AVENUE, T	TOUSVILLE, FL 32780

Having been named as registered agent to accept service of process for the above stated contributions, I am familiar with and accept the appointment as registered agent and agree to a	orporation at the place designated in this ct in this capacity
Angels minerno	12/8/05 Date
Signature/Registered Agent	Date
Chat Thingson	12/8/05

Date

Signature/Incorporator