

PO5000144347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/19/05  
SP4

## COVER LETTER

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

SUBJECT: **CONTRACTORS WINDOW SUPPLY INCORPORATED**  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: **GEORGE R. MCKINNEY**  
Name (Printed or typed)

**3337 CARLA STREET**  
Address

**ORLANDO, FLORIDA 32806**  
City, State & Zip

**407-948-9238**  
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)

### ARTICLE I NAME

The name of the corporation shall be:

CONTRACTORS WINDOW SUPPLY INCORPORATED

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3337 CARLA STREET  
ORLANDO, FLORIDA 32806

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GEORGE R. MCKINNEY  
3337 CARLA STREET  
ORLANDO, FLORIDA 32806  
PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

GEORGE R. MCKINNEY  
3337 CARLA STREET  
ORLANDO, FLORIDA 32806

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GEORGE R. MCKINNEY  
3337 CARLA STREET  
ORLANDO, FLORIDA 32806

\*\*\*\*\*

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

12/15/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/15/05  
\_\_\_\_\_  
Date

FILED  
05 DEC 19 PM 4 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA