

P05000166166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

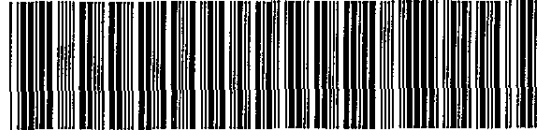
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300062247003

12/22/05--01013--007 **78.75

FILED
05 DEC 22 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 12-3

COVER LETTER

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

SUBJECT: MC Impact Windows and Shutters Corp.
(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: JUAN RESTREPO

Name (Printed or typed)

467 Silver Palm Way

Address

Weston, FL 33327

City, State & Zip

954-552-9311

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:

MC Impact Windows and Shutters Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

467 Silver Palm Way
Weston, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND LAWFUL BUSINESS IN THE STATE OF FLORIDA AND ELSEWHERE.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF STOCK AT \$1.00 PAR VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT: JUAN RESTREPO
467 Silver Palm Way,
Weston, FL 33327

VICE-PRESIDENT: MAURICIO MOSQUERA
227 Landings Blvd.
Weston, FL 33327

ARTICLE VI REGISTERED AGENT

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

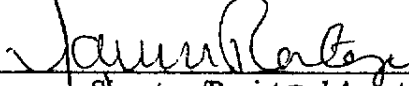
REGISTERED AGENT: JUAN RESTREPO
467 Silver Palm Way
Weston, FL 33327

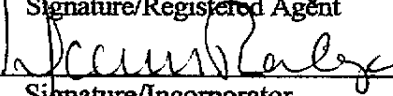
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN RESTREPO
467 Silver Palm Way
Weston, FL 33327

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


Signature/Incorporator

FILED
05 DEC 22 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-21-05

Date
12-21-05

Date