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(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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COVER LETTER

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

WINDOW TINTING SOLUTIONS, INC. (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 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED LORRAINE SCHMITT
Name (Printed or typed) 23417 PINE LAKE STREET LAND O'LAKES FL 34639
City, State & Zip 813 - 810 - 9976

Davtime Telephone number

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

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ARTICLES OF INCORPORATION

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

DIVISION OF COMPONIATION
06 JAN 13 PM 12: 55

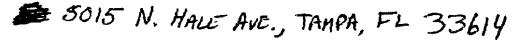
<u>ARTICLE I NAME</u>

The name of the corporation shall be:

WINDOW TINTING SOLUTIONS, INC.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:



ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ALL ACTIVITIES OF AUTO TINTING BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK HAVING A PAR VALUE OF \$1.5 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS PER SH.

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

LORRAINE SCHHITT (PVST) 23417 PINE LAKE ST, LAND O'LAKES, FL 34639

ARTICLE VI REGISTERED AGENT

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

LORRAINE SCHHITT
23417 PINE LAKE 51,
LAND O'LAKE 5, FL 34639
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

WORRAINE SCHMITT 23417 Pine wake 9 7 34639 Land O'Lakeg, F 2 34639

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 / Incorporator Date