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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

ALMER WINDOWS TINTING, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a corporation under the florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLEINAME

The name of the corporation shall be:

ALMER MINDOMS TINTING, INC.

The principal place of business of this corporation shall be:

9310 Fontainebleau Blvd.# 614

9310 Fontainebleau Miami, Fl 33172

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 Share 8 \$ 1.00 per value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ALAIN TRISTAN 9310 Fontainebleau Blvd. # 614 Miami, Fl 33172

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

ALAIN TRISTAN

9310 Fontainebleau Blvd. # 614 Miami, Fl 33172

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, second day of March 2006.

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:		
2. The name and address of the registered agent and office is:		
	(P.O. BOX NOT ACCEPTABLE)	
. •	Miami, Fl 33172	
	(CITY/STATE/ZIP)	
	SIGNATURE SIGNATURE.	
	TITLE PRESIDENT	
•		
	DATE 03/02/2006	
ABOVE STATED CO CERTIFICATE, I HER	MED TO ACCEPT SERVICE OF PROCESS FOR THE RPORATION, AT THE PLACE DESIGNATED IN THIS REBY AGREE TO ACT IN THIS CAPACITY, AND I	

RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION

SIGNATURE

03/02/2006

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607.325, FLORIDA STATUTES.