

PD6000040604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

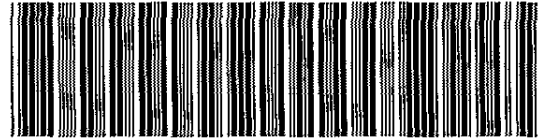
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06 MAR 20 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
06 MAR 20 AM 10:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. WINDOWS BY W.A.M. INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

WINDOWS BY W.A.M. INC.

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.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:

WINDOWS BY W.A.M. INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE  
\_\_\_\_\_ 1892 SE 14<sup>TH</sup> STREET, MIAMI, FLORIDA 33035.

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: 500 all of which shall be common shares (1.00 PER VALUE EACH.)

Gloria Castillo Associates Inc  
5610 SW 93<sup>rd</sup> Ave.  
Miami, Fl. 33173

ARTICLE IV -TERM OF EXISTENCE

TERM OF EXISTENCE OF THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V- OFFICER (S) AND DIRECTOR (S)

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 THERE SUCCESOR (S) IS (ARE) ELECTED IS (ARE)

WILMER MENDOZA  
PRESIDENT/SECRETARY

1892 SE 14<sup>TH</sup> STREET  
MIAMI, FL 33035-0000

ARTICLE VI INCORPORATOR (S)

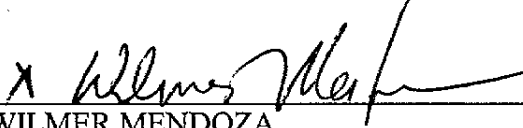
THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S) TO THIS ARTICLES OF INCORPORATION IS (ARE):

WILMER MENDOZA  
PRESIDENT/SECRETARY

1892 SE 14<sup>TH</sup> STREET  
MIAMI, FL 33035-0000

CONTINUATION \_\_ ARTICLE VI-INCORPORATOR (S)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)  
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION  
THIS FIRST (16) DAY (S) OF MARCH 2006.  
SIGNATURE (S) OF INCORPORATOR (S)

X   
WILMER MENDOZA  
PRESIDENT/TREASURE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

-4-

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 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:

\_. WINDOWS BY W.A.M. INC. \_\_\_\_\_

2. - THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE  
IS:

\_\_\_\_\_ **WILMER MENDOZA** \_\_\_\_\_

1892 SE 14<sup>TH</sup> STREET

(P.O. BOX NOT ACCEPTABLE)

\_\_\_\_\_ MIAMI, FLORIDA 33035 \_\_\_\_\_

(CITY /STATE /ZIPCODE)

SIGNATURE \_\_\_\_\_  \_\_\_\_\_

TITLE \_\_\_\_\_ PRESIDENT \_\_\_\_\_

DATE \_\_\_\_\_ 03/16/2006 \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR  
THE ABOVE STATED CORPORATION, AT THE PLACE DISIGNATED  
IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITI AND  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF MY  
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY  
DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION  
607.325, FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_  \_\_\_\_\_

DATE \_\_\_\_\_ 03/16/2006 \_\_\_\_\_