

706 000076154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

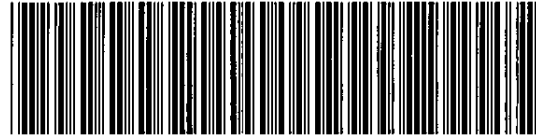
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY 31 PM 1:25

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J. Shivers JUN 02 2006

## COVER LETTER

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

SUBJECT: ISLAND WINDOWS ~~AND~~ DOORS 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  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: LIONEL BROWN

Name (Printed or typed)

4811 C ORLEANS CT

Address

WEST PALM BEACH FL 33415

City, State & Zip

561 214 4792

Daytime Telephone number

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

06 MAY 31 PM 1:25

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**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: ISLAND WINDOWS & DOORS INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4811C ORLEANS CT  
WEST PALM BEACH  
FL 33415

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE INSTALLATION OF  
WINDOWS AND DOORS. REPLACEMENT OF WINDOWS AND DOORS.  
CONSTRUCTION SORSITE CLEAN UP.

## 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):

LIONEL BROWN 4811C ORLEANS CT PRESIDENT, TREASURER  
WEST PALM BEACH  
FL 33415

MAUREEN WALCOTT BROWN " V.P. , SECRETARY

## ARTICLE VI REGISTERED AGENT

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

LIONEL BROWN 4811C ORLEANS CT  
WEST PALM BEACH  
FL 33415

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LIONEL BROWN 4811C ORLEANS CT  
WEST PALM BEACH  
FL 33415

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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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

05/27/06  
Date

05/27/06  
Date