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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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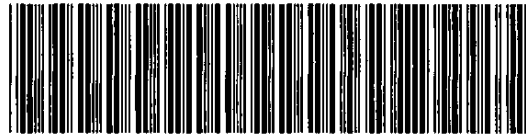
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUN 30 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: All Shutters & Screens Retail Division, 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: Craig J. Koop

Name (Printed or typed)

1275 Barclay Blvd.

Address

Buffalo Grove, IL 60089

City, State & Zip

(847) 495-3076

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:

All Shutters & Screens Retail Division, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2106 SW Hayworth Ave.
Port St. Luica, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
retail operations

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Bob Stott, President/ Vice-President
2106 SW Hayworth Ave.
Port St. Luica, FL 34953

ARTICLE VI REGISTERED AGENT

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


Bob Stott
2106 SW Hayworth Ave.
Port St. Lucia, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Craig J. Koop
1275 Barclay Blvd.
Buffalo Grove, IL 60089

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

6/14/06

Date

6/14/06

Date

FILED
06 JUN 30 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA