

PO6000102369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De

COVER LETTER

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

SUBJECT: DESIGNER IMPACT WINDOWS, 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: BRADFORD J. CROMPTON

Name (Printed or typed)

6451 EAST ROGERS CIR STE 11

Address

BOCA RATON, FL 33487-2601

City, State & Zip

561-994-2545

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:

DESIGNER IMPACT WINDOWS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6451 E. ROGERS CIR STE 11
BOCA RATON, FL 33487-2601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALUMINUM IMPACT WINDOW MANUFACTURER

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TAMARA M. MOORE, DIRECTOR
6451 E. ROGERS CIR STE 11
BOCA RATON, FL 33487-2601

ARTICLE VI REGISTERED AGENT

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

BRADFORD J. CROMPTON
6451 E. ROGERS CIR STE 11
BOCA RATON, FL 33487-2601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TAMARA M. MOORE
6451 E. ROGERS CIR STE 11
BOCA RATON, FL 33487-2601


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

8/1/06

Date



Signature/Incorporator

8/1/06

Date

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06 AUG -4 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA