

POLE0001 89099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

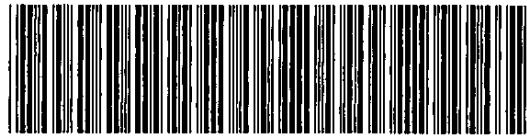
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 NOV - 1 PM 9:49  
STATE OF FLORIDA  
TALMADGE, FLORIDA

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**COVER LETTER**

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

**SUBJECT: Lou's Exterior Wall Systems 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: Louis J. Weck  
Name (Printed or typed)

1323 Milton ST.  
Address

Clearwater, FL 33756  
City, State & Zip

727-641-0808  
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:

Lou's Exterior Wall Systems Inc.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1323 Milton ST. Clearwater, FL 33756

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Subcontracting for exterior walls

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**ARTICLE VI REGISTERED AGENT**

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

1323 Milton ST. Clearwater, FL 33756

Louis J. Weck

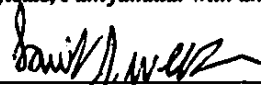
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Louis J. Weck

1323 Milton ST. Clearwater, FL

\*\*\*\*\*  
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 famillar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

10-27-06  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-27-06  
Date