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(Requestor's Name)

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(Address)

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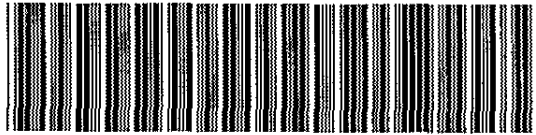
(Business Entity Name)

(Document Number)

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

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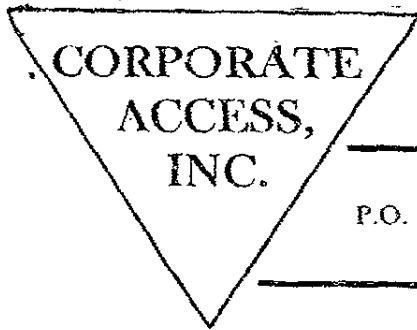
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## WALK IN

PICK UP:

12/18/06

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Articles

1. Safe Shutters Inc

(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

# ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

## ARTICLE I

*The name of the corporation shall be:*

**SAFE SHUTTERS INC**

## ARTICLE II

*The principal place of business address of this corporation shall be:*

**221 SW 5<sup>TH</sup> COURT  
POMPANO BEACH FL 33060**

*The mailing address of this corporation shall be:*  
**6295 BAY CLUB DRIVE APT 4  
FT LAUDERDALE FL 33308**

## ARTICLE III

*The number of shares of stock that this corporation is authorized to have outstanding at any one time is:*

**500 Shares**

## ARTICLE IV

*The name and Florida street address of the initial registered agent is:*

**MONIKA KUCSERA  
6295 BAY CLUB DRIVE APT 4  
FT LAUDERDALE FL 33308**

## ARTICLE V.

*Names and addresses of incorporators to these articles of Incorporation is:*

**MONIKA KUCSERA  
6295 BAY CLUB DRIVE APT 4  
FT LAUDERDALE FL 33308**



*Signature/Incorporator*

**12-15-06**

*Date*

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TALLAHASSEE, FLORIDA

**ARTICLE VI.**

*Names and addresses of officers of the corporation are:*

*President:*

*Treasurer:*

*Monika Kucsera*

*6295 Bay Club Drive Apt 4*

*Ft Lauderdale FL 33308*

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all Statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent*



*Signature / Registered Agent*

*12-15-06*

*Date*