

P07000022407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

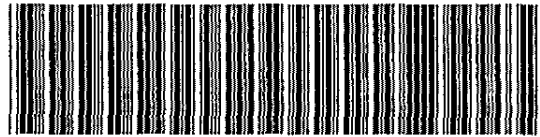
(Business Entity Name)

(Document Number)

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

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02/19/07--01040--014 \*\*78.75

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07 FEB 19 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A handwritten signature in black ink, appearing to be a stylized name.

TRANSMITTAL LETTER

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

SUBJECT: A and D Architectural Products 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: David Bowles  
Name (Printed or typed)

4608 S. Shamrock Rd  
Address

Tampa FL 33611  
City, State & Zip

\_\_\_\_\_  
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:

A and D Architectural Products Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

6913 Sheldon Rd  
Tampa FL 33615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

constructing and selling of  
architectural products

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

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

David Bowles, 4608 S. Shamrock Rd Tampa FL 33611  
President

Addison Horrell, 4412 Mc Elroy Ave, Tampa FL 33611  
Vice-President

**ARTICLE VI REGISTERED AGENT**

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

Stephanie Pitts  
860 24th Ave N  
St Pete FL 33704

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

David Bowles  
4608 S. Shamrock Rd  
Tampa FL 33611

\*\*\*\*\*

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

2/10/07  
\_\_\_\_\_  
Date

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

2/10/07  
\_\_\_\_\_  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA