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2007 FEB 26 AM 9:16  
07 FEB 20 AM 11:05  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. WSANZ REMODELING SERVICES  
(Corporation Name) (Document #)

2. CORP  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)



2.00

☐ Photocopy



**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2007 FEB 26 PM 4: 21

RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

February 21, 2007

LAZARUS

SUBJECT: WSANZ REMODELING SERVICES CORP.  
Ref. Number: W07000008916

We have received your document for WSANZ REMODELING SERVICES CORP.. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 307A00012794

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING  
A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT,  
HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

FILED  
2007 FEB 26 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE:

WSANZ REMODELING SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS  
CORPORATION SHALL BE:

8625 S.W. 184 TERR.  
MIAMI, FL. 33157

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS INCORPORATION IS  
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

WALTER SANCHEZ  
8625 S.W. 184 TERR  
MIAMI FL. 33157

ARTICLE V INCORPORATOR(R)

THE NAMES AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE  
ARTICLES OF INCORPORATION IS (ARE):

WALTER SANCHEZ  
8625 S.W. 184 TERR  
MIAMI FL. 33157

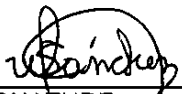
ARTICLE VI DIRECTOR(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE  
ARTICLES OF INCORPORATION IS (ARE):

WALTER SANCHEZ  
8625 S.W. 184 TERR  
MIAMI FL. 33157

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE  
ARTICLES OF INCORPORATION THIS 19 DAY OF FEB, 2007

  
\_\_\_\_\_  
SIGNATURE

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT\REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLO-  
WING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/  
REGISTERED AGEN, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

WSANZ REMODELING SERVICES CORP.

THE NAMES AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

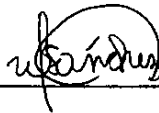
NAME: WALTER SANCHEZ

ADDRESS 8625 S.W. 184 TERR

CITY, STATE, ZIP MIAMI FL. 33157

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED  
IN THIS CERTIFICATE I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED  
AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES PERTAINING TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIE, AND I AM FAMILIAR WITH AND ACCEPT  
THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE



DATE: 02/19/2007

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA