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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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SECHETAHY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

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

| SUBJECT: Glass Lamafre Toscano, INC.   |                                    |                            |                                 |  |
|--|------------------------------------|----------------------------|---------------------------------|--|
|  | (PROPOSED CORPORA'                 | TE NAME – <u>MUST INCL</u> | UDE SUFFIX)                     |  |
|  |                                    |                            |                                 |  |
| P 1 1 '                                |                                    | 1 6                        | 1 1 . 6                         |  |
| Enclosed are an orig                   | inal and one (1) copy of the artic | cles of incorporation and  | a cneck for:                    |  |
| □ \$70.00                              | <b>2</b> \$78.75                   | \$78.75                    | □ \$87.50                       |  |
| Filing Fee                             | Filing Fee                         | Filing Fee                 | Filing Fee,                     |  |
|  | & Certificate of Status            | & Certified Copy           | Certified Copy & Certificate of |  |
|  | •                                  |                            | Status                          |  |
|  |                                    | ADDITIONAL COPY REQUIRED   |                                 |  |
|  |                                    |                            |                                 |  |
|  |                                    |                            |                                 |  |
| FROM: Fredy I. Sanchez-Toscano         |                                    |                            |                                 |  |
| Name (Printed or typed)                |                                    |                            |                                 |  |
|  | 004 Hillogant Daire. Cod           | E40                        |                                 |  |
| 901 Hillcrest Drive, Suite 510 Address |                                    |                            |                                 |  |
|  |                                    |                            |                                 |  |
|  | Hollywood, FL 33021                |                            |                                 |  |
| City, State & Zip                      |                                    |                            |                                 |  |
|  | (796) 256 2791                     |                            |                                 |  |
| -                                      | (786) 356-2781<br>Daytime T        | elephone number            | <del> </del>                    |  |

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:

# Glass Lamafre Toscano, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

901 Hillcrest Drive, Suite 510 Hollywood, FL 33021

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Re-Sales of Glass and Mirror, and Service Provider

#### ARTICLE IV SHARES

The number of shares of stock is: 100

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

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

Fredy I. Sanchez-Toscano- (President) 901 Hillcrest Drive, Suite 510 Hollywood, FL 33021

Maria C. Rodriguez- (Treasurere and Secretary) 901 Hillcrest Drive, Suite 510 Hollywood, FL 33021

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Fredy I. Sanchez-Toscano- (President) 901 Hillcrest Drive, Suite 510 Hollywood, FL 33021

### ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

Fredy I. Sanchez-Toscano- (President) 901 Hillcrest Drive, Suite 510 Hollywood, FL 33021

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

Signature/Incorporator

12.10.07 Date

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