

P08000056516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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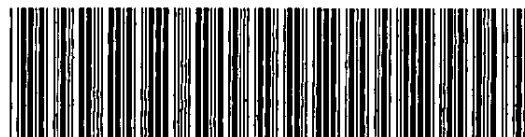
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
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## COVER LETTER

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

**SUBJECT:** National Windshield, Incorporated

(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: Patrick C. Sloan

Name (Printed or typed)

6086 Indigo Crossing Dr.

Address

Rockledge, FL 32955

City, State & Zip

321-617-7675

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:

National Windshield, Incorporated

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6086 Indigo Crossing Dr. Rockledge, Fl 32955. P.O. Box 410039 Melbourne, Fl 32941

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Auto Glass Replacement

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

Patrick C. Sloan - President

Patrick C. Sloan - Secretary

### **ARTICLE VI REGISTERED AGENT**

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

Patrick C. Sloan  
6086 Indigo Crossing Dr  
Rockledge, FL 32955

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Patrick C. Sloan  
6086 Indigo Crossing Dr  
Rockledge, Fl 32955

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TALLAHASSEE, FLORIDA

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*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

June 5th 2008

Date



Signature/Incorporator

June 5th 2008

Date