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Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		





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SECRETARY OF STATE
ALLAHASSEE FLORIDA

MRD/19

COVER LETTER

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

SUBJECT: Southeast Aluminum Extrusions, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Terrence M. Berkery		
Name	(Printed or typed)	
405 Woodview Dr.	ddress	····
Longwood, Fl. 32779 City, S	State & Zip	
407-488-9755	elephone number	
tmberks9@aol.com E-mail address: (to be used	for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NAME Southeast Aluminum E	xtrusions,	Inc.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
40	05 Woodview Dr.		
Lc	ongwood, Fl. 32779		American (1997)
ARTICLE III F	PURPOSE		
	ich the corporation is organized is:		= 0 5
Wholesale Dis			OCT 18 PH 2
The number of share			50 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
ADDITION		ne.	REAL PORTION
	INITIAL OFFICERS AND/OR DIRECTO		4 Title:
Name and 1 it	le: Terrence M. Berkery President		
Address:	405 Woodview Dr. Longwood, FL 32779	Addiess.	
	Tongwood, FL 32779		
Name and Tit			d Title:
Address:			
Address:			
		_) The state of the
	le;	Name and	d Title:
Address:		Address.	
		.	
			
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable)	of the register	ed agent is:
Name:	Jody Berkery		ed agent is.
Address:	405 Woodview Dr.		
Audiess.	Longwood, Fl. 32779		
	LONGWOOD, 11. 32773		
	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name:	Terrence M. Berkery	_ _	
Address:	405 Woodview Dr. Longwood, Fl. 32779		
Having been name this certificate, I am	_	ess for the ab egistered agen	ove stated corporation at the place designated in at and agree to act in this capacity
n dans	3. K. 1 Berbern		October 14, 2010
	Required Signature/Registered Agent		October 14, 2010 Date
(•		
I submit this document to the De	nent and affirm that the facts stated herein a partment of State constitute y a third degree felo	re true. I am no as provide	aware that the false information submitted in a d for in \$.817.155. F.S.
aocument to the De	paranent of same consumer a intra negree few	my as provide	egus en anux rox uus x om
10	wee letter In	.0 /	October 14,2010
	Required Signature/Incorporator	- 1/-	Date