## P11000011091

(Requestor's Name)			
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PICK-UP WAIT MAIL			
, .			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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OIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: A + 5 h - eld - men a. (PROPOSED CORPORA	nd Glass Inc TENAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Daniel J Hart	(Printed or typed)
20 universal Dr	Address EE
Crawfords: lle Fl. City.  B50 Daytime To	32327 State & Zip  State & Zip
E-mail address: (to be used	for future annual report notification)

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

I Daniel Hart president of At shield-men and Glass INC, Will not reinstate this Corporation (Doc# P09000051235) and I release the name for use

Dw. Hut

FILED

11 FEB -2 MI DO 03

SECKETARY OF STATE

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

The name of the corp	NAME poration shall be: A + 5 hickomen	and 6/455 I	INC.
ARTICLE II	PRINCIPAL OFFICE  Principal <u>street</u> address  Deniel 5 Hert	Mailing ac	ddress, if different is:
ARTICLE III P The purpose for whi	Dr. Crawfordulle fl. 32327  URPOSE  ich the corporation is organized is:  All lawful Burinesses	· ) \$ (.	11 FEB -2 SECRE PAR TALLLAHASS
ARTICLE IV S The number of shares	SHARES s of stock is: 100		Y OF STATE EE. FLORIDA
Name and Title Address:	MITIAL OFFICERS AND/OR DIRECTORS  Donie Flact CLO  20 un versel De-  Crawfordulle Flact  OFFICERS AND/OR DIRECTORS	Name and Title:Address:	
Name and Title Address:	70 tomulite lone Crospiedville 51-32327	Name and Title:Address:	
Name and Title Address:	Garrie Cideno UP 65 El.ZaGeth 3+ Grando idville Fl. 33377	Name and Title:Address:	
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of th	e registered agent is:	
Name: Address:	Creefordulle	Hart	
ARTICLE VII II The name and addre Name: Address:	VCORPORATOR  ss of the Incorporator is:  David 5 Hart  20 unregin Dr  Crembinduille & 1. 32327		
Having been named this certificate, I am f	as registered agent to accept service of process fo amiliar with and accept the appointment as registe	or the above stated corporered agent and agree to ac	ration at the place designated in tin this capacity
	Required Signature/Registered Agent		2-2-11
I submit this docume	Required Signature/Registered Agent ent and affirm that the facts stated herein are tru artment of State constitutes a third degree felony a	ue. I am aware that the f	Date  alse information submitted in a 5. F.S.
> 10 .1	Required Signature/Incorporator	·	2-2-11
	Required Signature/Incorporator		Date

Required Signature/Incorporator