## P1100026506

(Requ	estor's Name)			
(Address)				
(Address)				
(City/S	State/Zip/Phone #)			
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Docu	ment Number)			
•	,			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 11 HAR 15 AM 10: 59

DIVISION OF CORPORATIONS

March 7, 2011

ROLANDO RODRIGUEZ 1604 SMITHFIELD WAY, SUITE 1030 OVIEDO, FL 32765

SUBJECT: VATOS WINDOWS, INC.

Ref. Number: W11000012882

We have received your document for VATOS WINDOWS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return 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) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 711A00005524

## **COVER LETTER**

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

<sub>SUBJECT:</sub> Vatos Windows, Inc.	
(PROPOSED CÓRPÓRA	TE NAME – <u>MÜST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	(Printed or typed)
1604 Smithfield Way, Su	ddress
Oviedo, FL 32765	State & Zip
407-365-3303  Daytime Te	elephone number
mwinnegar@vatosdrywal E-mail address: (to be used	II.com for future annual report notification)

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 II	PRINCIPAL OFFICE		
•	Principal street address	<del>_</del>	dress, if different is:
	1604 Smithfield Way, Ste 1030	Same	
2	Oviedo, FL 32765		
RTICLE III	PURPOSE		
	which the corporation is organized is:		
nstallation o	f Windows		
RTICLE IV	SHARES 100 Shares		
he number of sha			,
DATAL B. II	ANTENAL OPPIGEDO AND OP DEDECTIO	D0	
	INITIAL OFFICERS AND/OR DIRECTO		
Address:	itle:Rolando Rodriguez President 3253 Heirloom Rose Place	Address:	
riddiess.	Oviedo, FL 32766		
	- 101 12 21		
	itle: Francisco Delgado Vice President	Name and Title:	
Address:	3828 Whitewood Court		
	Oviedo, FL 32766		
		_	
Name and T	itle:Luis Rodriguez Secretary	Name and Title:	
Address:	400 Sandhill Cove	Address:	
	Geneva, FL 32732		
		_	
RTICLE VI	REGISTERED AGENT		温度 第 コ
	rida street address (P.O. Box NOT acceptable) of	of the registered agent is:	FILE
Name:	Accounting Services of Orlando, I		58 5 F
Address:	1005 West Oak Ridge Road		
	Orlando, FL 32809		
	·	<del></del>	E2 %
	INCORPORATOR		Fig. to.
	Iress of the Incorporator is:		<u>∵</u> 03
Name: Address:	Rolonde Rodnigur 3253 Heinloum Roser Place	<del>_</del>	
Address.	Quieto 61 32766	_	
		<del></del>	
aving been name	ed as registered agent to accept service of proce.	ss for the above stated corpor	ation at the place designated in
is certificate, I an	n familiar with and accept the appointment as re	gistered agent and agree to ac	t in this capacity
	(V/V/V)		, 1.
	1 1/ 1/1 >\p		2/25/11
<del></del>	Required Signature/Registered Agent		Date
	\ \//		
submit this docu	ment and affirm that the facts stated herein are	e true. I am aware that the fo	alse information submitted in a
cument to the De	epartment of State constitutes a third degree felor	ny as provided for in s.817.155	, F.S.
			Whole.
	1 Charles Summer land		W/K/C
	Required Signature/Incorporator		• Date