## P110000035572

(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(engletate) _ iph Here in j
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE IVISION OF CORPORATION RECEIVED

TAPRIZ NA 3: 23

NH

## **COVER LETTER**

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

SUBJECT: A+ Glass Company (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 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
FROM: Youcce B Wood Name (Printed or typed)				
70 tom White	Address Address			
City,	Crawfords.lle f 1 32327			
250 933-4993 Daytime Telephone number				
E-mail address: (to be use	d 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 I No.	AME ration shall be: A+ Glass compa	and	FILED
	RINCIPAL OFFICE Principal street address	/	Mailing address, if different is 3: 23
フ	o Tom white In.	<b>23</b> .	FORT TO DE TOTAL TOTAL
<u>C</u>	o Tom white In.		TABLAHASSEE, PLOISEA
ARTICLE III PU			
	h the corporation is organized is:		
Any and A	HI lawful Bussinesses		
ARTICLE IV SI	HARES of stock is:		
ARTICLE V II	IITIAL OFFICERS AND/OR DIRECTORS	3	
Name and Title Address:	Yource B Wood (Ceo) 70 Tom white kn Crussordville Fl.	Name and Title Address:	
Name and Title		Name and Title	3 · · · · · · · · · · · · · · · · · · ·
Address:	•	Address;	
Name and Title Address:	Por Box 1194 10- Box 194 10-and fordulle F1 32326	Name and Title Address:	20.
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of	the revistered age	ent is:
Name: Address:	Yource to Wood 70 tom white In Cranhordville \$132327		
	Clauffor (1) 11 + 1 32527		
	ICORPORATOR		
Name:	ss of the Incorporator is:		
Address:	You ce B Wood TO tom White In Cranford Ille fl 37327	•	
this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as regi	stered agent and	
Breec	N. LOSA j Required Signature/Registered Agent		4/12/11
7	Required Signature/Registered Agent		Date
I submit this docume document to the Depo	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony	true. I am awar	
U	Incuts, was	·	4/12/11
——————————————————————————————————————	Required Signature/Incorporator	<del> </del>	Date