Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 : (800)494-3124 Phone

: (561)455-9885 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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| | | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION

THE GLASS MASTER OF NAPLES. INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

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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:

THE GLASS MASTER OF NAPLES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6245 JANES LANE UNIT C NAPLES, FLORIDA 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

KEN LEITER

6245 JANES LANE UNIT C

NAPLES, FLORIDA 34109



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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KEN LEITER 6245 JANES LANE UNIT C NAPLES, FLORIDA 34109

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

KEN LEITER **6245 JANES LANE UNIT C** NAPLES, FLORIDA 34109

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.

ER / Registered Agent

6/10/11