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## **COVER LETTER**

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

## SUBJECT: Hurricane Impact Window & Glass of Lantana, Inc (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 Filing Fee & Certificate of Status  \$78.75	
FROM: Patrick Argento  Name (Printed or typed)	
854 N. Dixie Hwy	
Address  Lantana, FL 33462  City, State & Zip  Address  ALLAHASSER  City, State & Zip	السائيس
	T J
patriargen@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 INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: Harricane Impact Window & Glass of Cartana, Inc ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 854 N. Dixie Hwy Lantana, FL 33462 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To Manufacture and sell hurricane resistant windows and glass to General Contractors and other members of the industry ARTICLE IV SHARES The number of shares of stock is:1,000 INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Patrick Argento, President Name and Title: Address: 1862 Finn Hill Drive Address: Boynton Beach, FL 33426 Name and Title: \_\_\_\_\_ Address: Address: Name and Title: Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Patrick Argento Address: 1862 Finn Hill Dr Boynton Beach, FL 33426 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Patrick Argento Address: 1862 Finn Hill Dr Boynton Beach, FL 33426 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 Required aignature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator