

P12000007860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300219084693

01/23/12--01028--008 \*\*78.75

2012 JAN 23 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. Shivers JAN 24 2012

## COVER LETTER

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

SUBJECT: DONE RIGHT DOORS AND WINDOWS, 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  
☐ \$78.75 Filing Fee  
& Certificate of Status

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: DONE RIGHT DOORS AND WINDOWS, INC  
Name (Printed or typed)

3516 sw 113.pl  
Address

Miami, fl. 33165  
City, State & Zip

305-748-8034  
Daytime Telephone number

donerightdw@yahoo.com  
E-mail address: (to be used for future annual report notification)

2012 JAN 23 AM 10:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 NAME**

The name of the corporation shall be: **DONE RIGHT DOORS AND WINDOWS, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**3516 S.W 113 PL**  
**MIAMI, FL 33165**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sales, installations, repair and services, constructions, import ,export, etc.

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **TOMAS MEDINA/PRESIDENT**  
Address: **3516 SW 113 PL**  
**MIAMI, FL 33165**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: **TOMAS MEDINA**  
Address: **3516 SW 113 PL**  
**MIAMI, FL 33165**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **TOMAS MEDINA**  
Address: **3516 SW 113 PL**  
**MIAMI, FL 33165**

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 Signature/Registered Agent

**FILED**  
**2012 JAN 23 AM 10:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**1/19/12**

Date

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

**1/19/12**  
Date