## P12000046895

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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MRD /12

## COVER LETTER

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

SUBJECT: SANTY WINDOWS & DOORS, INC				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the artic	cles 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: SANTY WINDOWS & DO	ORS, INC (Printed or typed)			
830 W 79 PLACE				
Address				
HIALEAH, FL. 33014 City, State & Zip				
305-525-5282  Daytime To	elephone number			
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)

ARTICLE I The name of the co	NAME SANTY WINDOWS reporation shall be:	& DOORS, INC	
8	PRINCIPAL OFFICE Principal street address 330 W 79 PLACE HIALEAH, FL. 33014	SAME	ress, if different is:
	PURPOSE hich the corporation is organized is: ALLATIONS, REPAIR, CONSTRI	UCTION, ETC.	
The number of share ARTICLE V	INITIAL OFFICERS AND/OR DIRECT INITIAL OFFICERS AND/OR DIRECT INITIAL OFFICERS AND/OR DIRECT INITIAL ESTABLISHED IN THE INITIAL ESTABLISH AND INITIAL ESTABLISH ESTABLISH AND INITIAL ESTABLISH ESTA	ENT) Name and Title:Address:	70 70 70
Name and Ti Address:	itle:	Name and Title: Address:	
Name and T Address:	itle:	Name and Title:Address:	
The name and Flor Name: Address:  ARTICLE VII The name and address:	REGISTERED AGENT  orida street address (P.O. Box NOT acceptate FERMIN SANTIAGO LAO 830 W 79 PLACE HIALEAH, FL. 33014	ole) of the registered agent is:	
Address:  Having been nam this certificate, I an	830 W 79 PL HIALEAH, FL. 33014  ed as registered agent to accept service of p in familiar with and accept the appointment of	rocess for the above stated corpora as registered agent and agree to act	ation at the place designated in in this capacity
I submit this docu document to the D	Required Signature/Registered Agen ument and affirm that the facts stated herei separtment of Spate constitutes a third degree	n are true. I am aware that the fa	Date ulse information submitted in a , F.S.

Required Signature/Incorporator