

P12000087172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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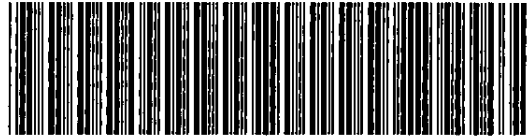
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 15 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 16 2012

COVER LETTER

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

SUBJECT: **ARCHITECTURAL GLASS TECHNOLOGIES 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: **KEVIN POWERS**

Name (Printed or typed)

489 S.W. COLLEGE PARK RD.

Address

PORT ST. LUCIE, FL. 34953

City, State & Zip

772-343-9402

Daytime Telephone 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 NAME

ARCHITECTURAL GLASS TECHNOLOGIES INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
532 N.W. MERCANTILE PLACE UNIT 105
PORT ST. LUCIE, FL. 34986

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
GLASS SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVIN POWERS PRESIDENT
Address: 489 S.W. COLLEGE PARK RD.
PORT ST. LUCIE, FL. 34953

Name and Title: CHERYL POWERS VICE PRESIDENT
Address: 489 S.W. COLLEGE PARK RD.
PORT ST. LUCIE, FL. 34953

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: KEVIN POWERS
Address: 489 S.W. COLLEGE PARK RD.
PORT ST. LUCIE, FL. 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEVIN POWERS
Address: 489 S.W. COLLEGE PARK RD.
PORT ST. LUCIE, FL. 34953

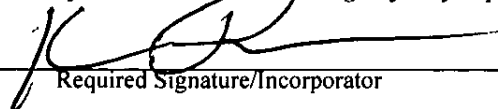
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/26/2012
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

9/26/2012
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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