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(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	2 #N		
<u></u>	WAIT			
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only

(12000054202



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11/8/12

COVER LETTER

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

SUBJECT: I.W.F Construction and Glazing, Inc.				
Enclosed are an original and one (1) copy of the a \$70.00 \$78.75 Filing Fee Filing Fee	\$78.75 X 87.50 Filing Fee,			
& Certificate of Status	& Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Roberto Calderin	me (Printed or typed)			
9345 SW 144 Street	Address			
Miami, FL 33176	ty, State & Zip			
(305) 796–1619 Daytime	e Telephone number			
mcalde5538@AOL.com E-mail address: (to be u	sed for future annual report notification)			

NOTE: Please provide the original and one copy of the articles.



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FLORIDA DEPARTMENT OF STATE mental properties of the Division of Corporations

October 23, 2012

ROBERTO CALDERIN 9345 SW 144 STREET MIAMI, FL 33176

SUBJECT: I.W.F. CONSTRUCTION AND GLAZING, INC.

Ref. Number: W12000054202

We have received your document for I.W.F. CONSTRUCTION AND GLAZING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 112A00026040

SECULATION OF COUNTY IN

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the		RUCTION AND GLAZIN	IG, Inc.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address 9345 SW 144 Street	Mailing address	s, if different is:
	Miami, FL 33176		
	MIAMI, FD 33170		
ARTICLE III	· · · · · · · · · · · · · · · · · · ·		12
The purpose for	which the corporation is organized is:		*
	Construction and glazing	g services.	V
			វា
			PH
ARTICLE IV	SHARES		ţ;
The number of sh	ares of stock is: 1,000		4: 02
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	i i
Name and 7	Fitle Roberto Calderin, Pre	S . Name and Title:	
Address:	'9345 SW 144 Street	Address:	<u> </u>
	Miami, FL 33176		
		 -	
Name and T	Fitle:	Name and Title:	
Address:		Address:	
			
Name and T	Title:	Name and Title:	
Address:		A .5.5	
			
	REGISTERED AGENT		
The name and Flo Name:	orida street address (P.O. Box NOT acceptable) Roberto Calderin		
Address:	9345 SW 144 Street		
	Miami, FL 33176	<u> </u>	
ARTICLE VII	FICODDOD 4 MOD		
	INCORPORATOR dress of the Incorporator is:		
Name:	dress of the Incorporator is: Roberto Calderin		
Address:	9345 SW 144 Street		
	Miami, FL 33176		
Having been nam	ed as registered agent to accept service of proc	ess for the above stated cornoration	at the place designated in
this certificate, I a	m familiar with and becept the appointment as r	egistered agent and agree to act in th	is capacity
	//////////////////////////////////////	/	11/1/12
	1 14/1 a/0/11/1//		11/1/12
	Required Signature/Registered Agent		/ Date
I submit this docu	iment and affirm that the facts stated herein a	e true. I am aware that the false i	nformation submitted in a
document to the D	epartment of State constitutes of third degree fell	ny as provided for in s.817.155, F.S.	
_		, /	1./,
	// dep/ all/1/2		/1/1/12 Date
	Required Signature/Incorporate		/Date