

P13000047586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

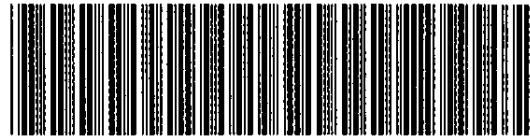
(Business Entity Name)

(Document Number)

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

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13 MAY 28 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

π 05/03/13

## COVER LETTER

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

SUBJECT: Shutter Solutions of the Palm Beaches 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: Dennis M. Kovach  
Name (Printed or typed)

1401 Village Blvd. #822  
Address

West Palm Beach, FL 33409  
City, State & Zip

561-234-9869  
Daytime Telephone number

None  
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**

The name of the corporation shall be: Shutter Solutions of the Palm Beaches Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1401 Village Blvd. #822

West Palm Beach, FL 33409

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Sales of Shutters

**ARTICLE IV    SHARES**

The number of shares of stock is: 50

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

Name and Title: Dennis M. Kovach, President

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

Address 1401 Village Blvd. #822

Address: \_\_\_\_\_

West Palm Beach, FL 33409

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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13 MAY 28 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Dennis M. Kovach  
Address: 1401 Village Blvd. #822  
West Palm Beach, FL 33409

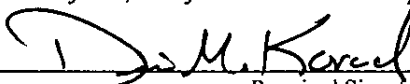
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Dennis M. Kovach  
Address: 1401 Village Blvd. #822  
West Palm Beach, FL 33409

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

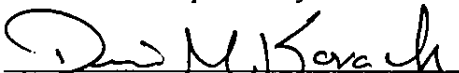
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

05/12/2013

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

05/12/2013

Date