

P13000054939

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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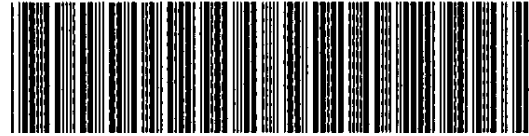
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 25 AM 11:02

Ps 6/26/13

## COVER LETTER

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

SUBJECT: TROPICAL IMPACT 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: ENOC CASTANEDA SR.  
Name (Printed or typed)

16357 NW 14 ST.  
Address

PEMBROKE PINES, FL. 33028  
City, State & Zip

(954) 937-8329  
Daytime Telephone number

enocsr@comcast.net  
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)

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**ARTICLE I NAME**

The name of the corporation shall be: TROPICAL IMPACT WINDOWS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16357 NW 14 ST.

PEMBROKE PINES, FL. 33028

Mailing address, if different is:

P.O. Box 821211

PEMBROKE PINES, FL. 33082-1211

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SALE OF HIGH IMPACT WINDOWS  
and DOORS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ENOC CASTANEDA SR. (P/T) - PRESIDENT/TREASURER

Address: 16357 NW 14 ST.  
PEMBROKE PINES, FL. 33028

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

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

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

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

(cont.)

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DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 13 JUN 25 AM 11:02

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

**ARTICLE VI REGISTERED AGENT**

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

Name: XIOMARA CASTANEDA

Address: 16357 NW 14 ST.  
PEMBROKE PINES, FL. 33028

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ENOC CASTANEDA SR.

Address: 16357 NW 14 ST.  
PEMBROKE PINES, FL. 33028

*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*

X Castaneda  
Required Signature/Registered Agent

6/14/13  
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.*

[Signature]  
Required Signature/Incorporator

6/14/13  
Date