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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 21 AM 8:29

[Handwritten signature]
1-3074

COVER LETTER

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

SUBJECT: Window TintBy Ryan, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Ryan Eichhorn
Name (Printed or typed)
7222 Mystic Way
Address
Port Saint Lucie, FL 34986
City, State & Zip
954-326-3613
Daytime Telephone number
windowtintbyryan@gmail.com
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)

JULY 14, 2014
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 21 AM 8:29

ARTICLE I NAME

The name of the corporation shall be:

Window Tint By Ryan, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1650 West Sunrise Blvd A&B

Ft Lauderdale, FL 33304

Mailing address, if different is:

7222 Mystic Way

Pt St Lucie FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate a service business for commercial
and residential tint along with retail sales of auto accessories

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan Eichhorn, President

Name and Title: _____

Address

7222 Mystic Way

Address: _____

Pt St Lucie, FL 34986

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(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:

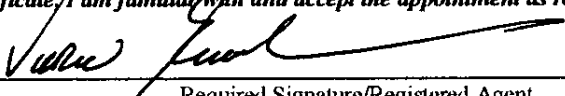
Name: Vickie Eichhorn
Address: 7222 Mystic Way
Pt St Lucie, FL 34986

ARTICLE VII INCORPORATOR

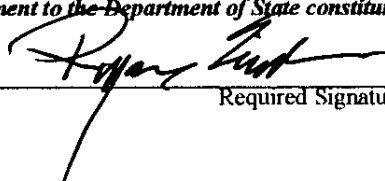
The name and address of the Incorporator is:

Name: Ryan Eichhorn
Address: 7222 Mystic Way
Pt St Lucie, FL 34986

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

 1/15/14
Required Signature/Registered Agent 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.

 1/15/14
Required Signature/Incorporator Date