

P. 14000037322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300259243143

04/25/14--01006--005 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 25 PM 1:27

*[Handwritten signature]*  
4-28-14

## COVER LETTER

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

SUBJECT: ADVANCED AUTOMATIC DOORS 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: JEFFREY MONTGOMERY  
Name (Printed or typed)

832 SW 2<sup>ND</sup> AVE  
Address

CAPE CORAL FL. 33991  
City, State & Zip

239-242-0138  
Daytime Telephone number

JEFF @ COASTAL SHUTTERS INC. 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)

ARTICLE I NAME

The name of the corporation shall be: ADVANCED AUTOMATIC DOORS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2528 ANDALUSIA BLVD

CAPE CORAL 1

FL. 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE RETAIL SALE AND

INSTALLATION, REPAIR OF GARAGE DOORS AND RELATED  
AUTOMATIC DOORS.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY MONTGOMERY

Name and Title: Michael Toray

Address 832 SW 2<sup>ND</sup> AVE

Address: 926 NW 9<sup>TH</sup> Ter

CAPE CORAL

Cape Coral, FL 33993

FL 33991

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: Michael Toray  
Address: 926 NW 9th Ter  
Cape Coral, FL 33993

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

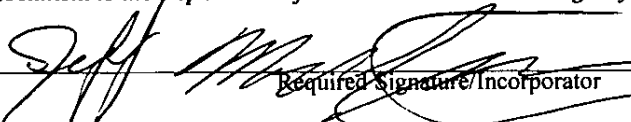
Name: JEFFREY MONTGOMERY  
Address: 832 SW 2nd AVE  
CAPE CORAL, FL. 33909

*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

4-17-14  
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

4-17-14  
Date