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COVER LETTER

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

SUBJECT: Performance Auto Tint, 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: DAVID A. ROSA

Name (Printed or typed)

688 HARPER STREET

Address

STUART, FL 34994

City, State & Zip

772-501-3587

Daytime Telephone number

DAVEAROSA@HOTMAIL.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)

ARTICLE I NAME

The name of the corporation shall be:

PERFORMANCE AUTO TINT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

688 SE HARPER STREET

STUART, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR A PROFESSIONAL CORPORATION

FOR A BUSINESS TO PROVIDE TO THE CONSUMER

WINDOW TINTING FOR AUTOMOBILES, VESSELS AND HOMES

AND BUSINESS PROPERTY

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID A. ROSA

Name and Title:

Address

688 SE HARPER STREET
STUART, FL 34994

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

16 DEC -1 PM 5:10
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CLERK OF DISTRICT COURT
JACKSONVILLE, 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: DAVID A. ROSA

Address: 688 SE HARPER STREET

STUART, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

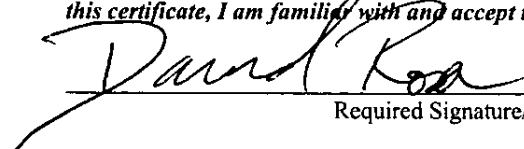
Name: DAVID A. ROSA

Address: 688 HARPER STREET

STUART, FL 34994

14 DEC -1 PM 5:19
REC'D - 11-24-14

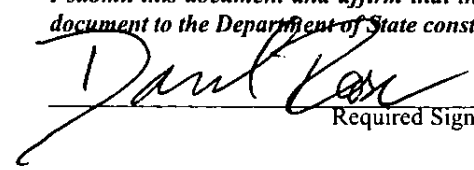
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent DAVID A. ROSA

11-24-14
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 DAVID A. ROSA

11-24-14
Date