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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

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

SUBJECT:	RAYBAD W.	Sow File	ms, IMC.				
SUBJECT: RABA Window Films, MC. 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED				
FROM:	Name (Printed or typed) 3419 Apa (AChee PKWX) Address						
	14 ((12h 12 Sep 2) . 3231/ City, State & Zip						
	Daytime Telephone number						
<u></u>	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	RAYBAN	11) (1/04)	Films	111C .
The name of the	corporation shall be:	MAYDAN	Window	/ (2, ,)	<u> </u>
ARTICLE II	PRINCIPAL OFF				
	Principal street	address	Ma	ailing address, if differen	t is:
3419	HPAINChe	e TRWY			
7500	Takosser 7	7- 1		<u> </u>	
· <u> </u>	3231	· .			
ARTICLE III	PURPOSE			1 1.	/
The purpose for	which the corporation	is organized is:	5 Sell F.T	and dis	71,501
Windon) films	For Dro	FIT		-1
					Fig. 1
					37. F
					- No. 3
					504 5
					<u> </u>
				· # 17	3,,-
ARTICLE V	INITIAL OFFICE	RS AND/OR DIRECT	rors President S Name and Title:		
		Applachee.	Walk		
Address		, ,	Address:		
	Talla	phissep Fl			
	3	2311	Van Progelov	V	
			When Box		
Name and	d Title: TRADIS	Keels-	Name and Title:		
Address	3419	Applacher A	Name and Title:		
	3419	A 70/10/000			
					
		2311		· · · · · · · · · · · · · · · · · · ·	
Name and	d Title:	. <u> </u>	Name and Title:		
Address		· - · · · · · · · · · · · · · · · · · ·	Address:		
			· 		

Name and Title:	Name and Title:	
Address	Address:	
	AGENT S (P.O. Box NOT acceptable) of the registered agent is Polacher PKw K Sep H. 3231/	15 JAN IL PHIZ: 0
ARTICLE VII INCORPORATO	<u> </u>	≽··· -
The <u>name and address</u> of the Incorpo Name: Address: 3419 THUA	APALACUTE PKWY HAPITE TI. 32317	
this certificate, I am familiar with an	ent to accept service of process for the above stated accept the appointment as registered agent and agr	
I submit this document and affirm the document to the Department of State	hat the facts stated herein are true. I am aware that constitutes a third degree felony as provided for in s.	at the false information submitted in a