## P1500001401Z

(Re	questor's Name)	
, (Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE
ALL ARASSET FLORIDA

## **COVER LETTER**

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

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)  Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		•	C SHUTTERS,	SUBJECT: C 8
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	DE SUFFIX)	ATE NAME – <u>MUST INCLUD</u>	(PROPOSED CORPORA	
1	check for:	rticles of incorporation and a	inal and one (1) copy of the arti	Enclosed are an orig
& Certificate of Status & Certified Copy Certified C	Filing Fee, Certified Copy & Certificate o	Filing Fee	Filing Fee	•
ADDITIONAL COPY REQUIR	Y REQUIRED	ADDITIONAL COP		
FROM: CAROLYN KLAUS  Name (Printed or typed)				FROM: C
2805 REFTON ST. #104				28
MELBOURNE, FL 32905		_ 32905	ELBOURNE, FL	М
City, State & Zip		y, State & Zip	•	
251-472-6828				25
Daytime Telephone number		·	·	
ANGIEGBS@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)	tification			AN

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)

RTICLE II PR	INCIPAL OFFICE			
RTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:	
40 STAN D	R. UNIT 101			
/. MELBOU	RNE, FL 32904			
·				
RTICLE III PU	RPOSE the corporation is organized is:	UFACTURIN	G OF HURRICANE SHUTTERS	
RTICLE IV SH	MARES 500.00			
RTICLE IV SH e number of shares o	TARES of stock is:			
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>		
RTICLE V IN		S. Name and Title	CAROLYN KLAUS, V. PRESIDNET	
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	Name and Title	CAROLYN KLAUS, V. PRESIDNET	
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR		·	
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR REPLY PRESIDENT 1683 VISTA LAKE CIRCLE	Name and Title	2805 REFTON ST. #104	
Name and Tie Address	1683 VISTA LAKE CIRCLE MELBOURNE, FL 32904	Name and Title Address:	2805 REFTON ST. #104 MELBOURNE, FL 32905	
Name and Tide  Address  Name and Title	TIAL OFFICERS AND/OR DIRECTOR  1683 VISTA LAKE CIRCLE  MELBOURNE, FL 32904	Name and Title Address:  Name and Title	2805 REFTON ST. #104  MELBOURNE, FL 32905	
Name and Tie Address	1683 VISTA LAKE CIRCLE MELBOURNE, FL 32904	Name and Title Address:  Name and Title	2805 REFTON ST. #104  MELBOURNE, FL 32905	
Name and Tide  Address  Name and Title	TIAL OFFICERS AND/OR DIRECTOR  1683 VISTA LAKE CIRCLE  MELBOURNE, FL 32904	Name and Title Address:  Name and Title	2805 REFTON ST. #104  MELBOURNE, FL 32905  SECCEPTARIAN  AREA TO A TO	
Name and Tide  Address  Name and Title	TIAL OFFICERS AND/OR DIRECTOR  1683 VISTA LAKE CIRCLE  MELBOURNE, FL 32904	Name and Title Address:  Name and Title	2805 REFTON ST. #104  MELBOURNE, FL 32905  15 FEB -3 F	
Name and Tide  Address  Name and Title	TIAL OFFICERS AND/OR DIRECTOR  ILE TING CHENK PRESIDENT  1683 VISTA LAKE CIRCLE  MELBOURNE, FL 32904	Name and Title Address:  Name and Title	2805 REFTON ST. #104  MELBOURNE, FL 32905  TALLARASSE AND SECRETARY OF THE	
Name and Tit Address Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR  ILE TING CHENK PRESIDENT  1683 VISTA LAKE CIRCLE  MELBOURNE, FL 32904	Name and Title Address: Name and Title Address:	2805 REFTON ST. #104  MELBOURNE, FL 32905  SECRETARY OF STANCES FLOOR	

Name and	Title:	Name and Title:	
Address		Address:	
			<del></del> -
		-	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	CAROLYN KLAUS		
Address:	2805 REFTON ST. #104	-	
	MELBOURNE, FL32905	-	
		-	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	CHET NG		
Address:	1683 VISTA LAKE CIRCLE		
	MELBOURNE, FL 32904	_	
		-	
Having been nam	ed as registered agent to accept service of proces. m familiar with and accept the appointment as re	s for the above stated corporation	on at the place designated in
	M Jumaius with und accept the appointment as re-	essierea agent una agree to act i	a uns cupactly
x Lana	Required Signature/Registered Agent		1/24/15
	Required Signature/Registered Agent		Date
I submit this docu	iment and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false	information submitted in a FS
. (		y us provided for in siot 1,199, i	,,,,,
X	Required Signature/Incorporator	<del></del>	Date Date
0			15   See All
			FEB F
			-3 -3
			PE S
			FILED  #15 FEB -3 PH 6: 24  SEGNETARY OF SIALE TALLAHASSEE FLORIDA