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(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
<u>.</u>				





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SECRETARY OF STATES IVISION OF CORPORATIONS

08/30/16

COVER LETTER

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

SUBJECT:	Wave Windows & Doors, Inc.			
SOBJECT	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	d 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 CO)PY REQUIRED	
FROM:	Donna Layseca	e (Printed or typed)		
	800 Via Lugano Circle, 105			
		Address	<u> </u>	
	Boynton Beach, FL 33436			
	City	, State & Zip		
	5613740144			
-	Daytime 7	Telephone number		
	donnab8467@gmail.com			
	E-mail address: (to be use	d 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)

The name of the corporat	tion shall be:Wave Windows &	& Doors, Inc.		
ARTICLE II PRINC	Principal street address	Mailing address	Mailing address, if different is:	
Boynton Beach, FL 334			-	
	· · · · · · · · · · · · · · · · · · ·			
ARTICLE III PURPO The purpose for which the	DSE any he corporation is organized is:	and all lawful business	2	
			16. VIS	
			23	
		· · · · · · · · · · · · · · · · · · ·	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
· · · · · · · · · · · · · · · · · · ·			<u> </u>	
			<u> </u>	
			X	
	Donna Layseca	RS Name and Title:		
Address	800 Via Lugano Circle, 105	Address:		
	Boynton Beach, FL 33436			
		<u> </u>		
Name and Title	: <u></u> _	Name and Title:		
Address		Address:		
			-	
				
Name and Title	<u>:</u>	Name and Title:		
Address				

Name ar	nd Title:	Name and Title:	_
Addres	s	Address:	-
			- -
ARTICLE VI	REGISTERED AGENT	11. 2014	
Name:	Florida street address (P.O. Box NOT accepta Cliomar Brandao	of the registered agent is:	
Address:	800 Via Lugano Circle 105		
	boynton beach, fl 33436	6 AUG	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	23 F CC	1
The name and a	address of the Incorporator is:	TATE OF STATE OF STAT	•
Name:	Donna Layseca	PHI2: 13	
Address:	800 Via Lugano Circle 105		
	Boynton Beach, FL 33436		
Effective date, in		(OPTIONAL) cannot be more than five business days prior or 90 business	;
	e inserted in this block does not meet the applieffective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed a ords.	S
		rocess for the above stated corporation at the place designated as registered agent and agree to act in this capacity	l in
Cliones	Brando de Mark Required Signature/Registered Ager	$\frac{9/12/16}{\text{Date}}$	_
		n are true. I am aware that the false information submitted i	n a
Reau	uired Signature/Incorporator	8 12/16 Date	_