

P170000/6809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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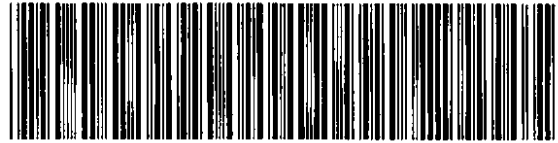
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/23/17

COVER LETTER

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

SUBJECT: ARCHITECTURAL OPENINGS OF SOUTH FLORIDA 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Julia Greenberg - Aguilar
Name (Printed or typed)

1 Radisson Plaza, Ste.800
Address

New Rochelle, NY 10801
City, State & Zip

877-330-2677
Daytime Telephone number

julia@myusacorporation.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: ARCHITECTURAL OPENINGS OF SOUTH FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1175 NW 159 Drive

1175 NW 159 Drive

Miami Gardens, FL 33169

Miami Gardens, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide contract hardware to general contractors

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ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracey Dorn - President

Name and Title: Ronald Deluise - Vicepresident

Address 1175 NW 159 Drive

Address: 119 Lagoon Court

Miami Gardens, FL 33169

New Smyrna Beach, FL 32169

Name and Title: Tracey Dorn - Secretary

Name and Title: Tracey Dorn - Treasurer

Address 1175 NW 159 Drive

Address: 1175 NW 159 Drive

Miami Gardens, FL 33169

Miami Gardens, FL 33169

Name and Title:

Name and Title:

Address

Address:

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: Jose Moquete _____

Address: 1175 NW 159 Drive _____

Miami Gardens, FL 33169 _____

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tracey Dorn _____

Address: 1175 NW 159 Drive _____

Miami Gardens, FL 33169 _____

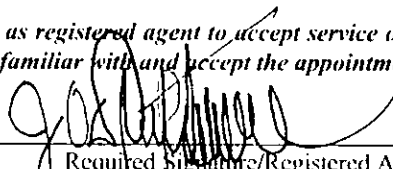
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

02/13/2017

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

02/13/2017

Date