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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
STORM WINDOWS & SIDING PLUS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:STORM WINDOWS & SIDING PLUS Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1007 N Federal Hwy
Fort Lauderdale FL 33304**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Mykail Allyn (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Mykail Allyn
1031 NE FEDERAL HWY
FORT LAUDERDALE FL 33304**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Mykail Allyn
1031 NE Federal Hwy
Fort Lauderdale FL 33304

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Required Signatures:

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.

Mykal A. Allen
Registered Agent

4/25/17
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. 367.455, F.S.

Mykal A. Allen
Incorporator

4/25/17
Date

17 APR 27 PM 4:17

SERIAL 114545

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