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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
TOTAL IMPACT GLASS, CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

TOTAL IMPACT GLASS CORP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

12625 SW 134TH COURT #203
MIAMI, FL 33186

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED (500) SHARES OF ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAFAEL J DIAZ
12625 SW 134 COURT #203
MIAMI, FL 33186

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ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

RAFAEL J DIAZ 4964 SW 136TH PL MIAMI, FL 33175
EDUARDO CACERES 9353 SW 144TH PL MIAMI, FL 33186


Signature

Signature

ARTICLE VI - DIRECTOR(S)

The name, title and address of the office(s) of this corporation shall be:

(President) RAFAEL J DIAZ 4964 SW 136TH PL MIAMI, FL 33175

(Vice President) EDUARDO CACERES 9353 SW 144TH PL MIAMI, FL 33186

(Secretary) EDUARDO CACERES 9353 SW 144TH PL MIAMI, FL 33186

(Treasurer) RAFAEL J DIAZ 4964 SW 136TH PL MIAMI, FL 33175

(Director) RAFAEL J DIAZ 4964 SW 136TH PL MIAMI, FL 33175

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, THEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



Registered Agent Signature
RAFAEL J DIAZ

DATE:

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