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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
J. HOWEN DOORS & SHUTTERS INC.

Certificate of Status	1
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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:

J. HOWEN DOORS & SHUTTERS INC.

ARTICLE II PRINCIPAL OFFICE

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

11320 FORTUNE CIRCLE G28
WELLINGTON, FL 33414

ARTICLE III SHARES

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

200 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBIN OKON
10726 VERSAILLES BLVD
WELLINGTON, FL 33449

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Prepared By:
Bruce B. Hubbard
238 W. Jericho Turnpike
Huntington Sta., NY 11746
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

ROBIN OKON- PRESIDENT/DIRECTOR
10726 VERSAILLES BLVD
WELLINGTON, FL 33449

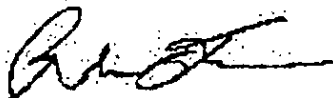
ARTICLE VI INCORPORATOR(S)

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

ROBIN OKON
10726 VERSAILLES BLVD, WELLINGTON, FL 33449

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27TH day of SEPTEMBER 20 18



ROBIN OKON
Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **J. HOWEN DOORS & SHUTTERS INC.**

2. The name and address of the registered agent and office is:

ROBIN OKON

Name

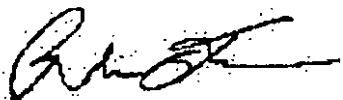
10726 VERSAILLES BLVD

(P.O. Box or Mail Drop Box NOT Acceptable)

WELLINGTON, FL 33449

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



ROBIN OKON
SIGNATURE

9/27/2018

(Date)

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