

4/22/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FL 32399

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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

TY Windows and Doors, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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RECEIVED
DIVISION OF CORPORATIONS
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April 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: TY WINDOWS AND DOORS, INC
REF: W20000040217

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000118166
Letter Number: 120A00008459

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: TY Windows and Doors, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

14521 Bonita Dr.Coral Gables FL 33158**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Installation of regular and
impact windows and doors.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Constantino Barrial</u>	Name and Title:	<u>Yorden Dominguez</u>
Address	<u>14521 Bonita Dr.</u>	Address:	<u>7221 SW 130th Ave</u>
	<u>Coral Gables FL 33158</u>		<u>Miami FL 33183</u>
	<u>President</u>		<u>Vice President</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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 TALLAHASSEE, FLORIDA

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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: Constantino Barrial
 Address: 14521 Bonito Dr.
Coral Gables FL 33158

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Constantino Barrial
 Address: 14521 Bonito Dr.
Coral Gables FL 33158

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 TALLAHASSEE, FL 32301

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

Constantino Barrial
 Required Signature/Registered Agent

4/22/20
 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.

Constantino Barrial
 Required Signature/Incorporator

Date 4/22/20