Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

: (305)675-5944 Fax Number

**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 **JERALD WINDOWS & DOORS 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 1 NAME: The name of the corporation is: |
|--|
| Jerald Windows & doors Inc |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: 1520 NW 57 Street |
| Miami, FL 33142 |
| ARTICLE III SHARES; The number of shares of stock is: 100 |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ONLOS M GARCÍA (P) |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Carlos M Garcia |
| 1520 NW S7 Street |
| Miami f1 33142 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| Carlos M. Garcia 1520 NW 57street |
| Mjami FL 33142. |

Required Signatures:

3052201440

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

Registered Agent

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.

Incorporator

Cate