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. To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

tma11	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION NYLA GLASS AND WINDOWS INC

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

NYLA GLASS AND WINDOWS INC				
ARTICLE II PRINCIPAL OFFICE:				
The principal street address and mailing address is:				
2300 W 84 ST Higleat FL 330/6				
ARTICLE III SHARES: The number of shares of stock is:				
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:				
(P)				
Anibal Edito Lovera Alvis				
<u></u>				
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:				
The name and Florida street address (PO Box not acceptable) of the registered agent is:				
Anibal Emilio Lovera Alvis				
2300 W 84 ST. Higleah FL 33016				
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:				
2300 in 84 ST Higlegh FL 33016				
2500 W 01 01 MUIEUN IL 5,010				

Required Signatures:

Having been named as regists	nod and the
corporation at the place design	red agent to accept service of process for the above stated nated in this certificate, I am familiar with and accept the pistered agent and agree to act in this contains
appointment as re	istered agent and agree to act in this capacity
$A \rightarrow D \cap Q$	/ Capacity

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.

Date