

P230000 79263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

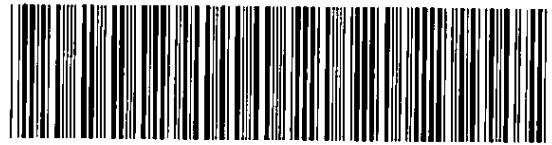
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500416567575

10/03/23--01003--01: **70.00

FILED
2023 OCT -3 PM 1:20
MILWAUKEE, WI

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: IMPACT WINDOWS OF MIAMI INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Norberto Soria
Name (Printed or typed)

4538 SW 74th Ave
Address

Miami, FL 33155
City, State & Zip

305-316-7659
Daytime Telephone number

persianasmiami@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME

The name of the corporation shall be: IMPACT WINDOWS OF MIAMI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4538 SW 74TH AVE

Mailing address, if different is:

MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Norberto Soria President

Name and Title: _____

Address 4538 SW 74TH AVE

Address: _____

MIAMI, FL 33155

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2023 OCT -3 PM 1:20
ALLAHABAD

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: Norberto Soria
Address: 4538 SW 74TH AVE
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Norberto Soria
Address: 4538 SW 74TH AVE
MIAMI, FL 33155

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

Required Signature/Registered Agent

9/23/23
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.

Required Signature/Incorporator

9/23/23
Date

P230000 79263

08/03/2023

To whom it may concern,

Please be aware that I, Norberto Soria, President of Impact Windows Miami Inc relinquish to the name of the entity afore mentioned.

Regards,

Norberto Soria

President

Impact Windows of Miami Inc

A handwritten signature in black ink, appearing to be 'NS', with a long horizontal stroke extending to the right.

FILED

2023 OCT -3 PM 1:20

CLERK OF COURT