

P23000080083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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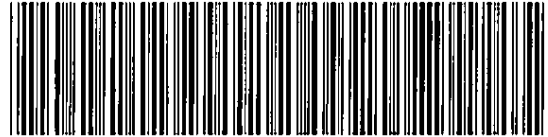
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 16 2023

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2023 OCT 30 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT:

ALBROWARD WINDOWS and Glass, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

LAWRENCE WALTON

Name (Printed or typed)

705 SW 148th AVE #206

Address

SUNRISE, FL 33325

City, State & Zip

954-895-0482

Daytime Telephone number

ALBROWARD WINDOWS@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: ALL BROWARD WINDOWS AND GLASS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal Street Address: 705 SW 148th Ave #206
Sunrise, FL 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Glass Installation, Window Repairs
Waterproofing, Window Installation, Door Repairs, Door Installations
Sales and Service. My name is Lawrence Waton. I was
struck with Covid 19 in the month of November of 2021.
I spent 9 months in and out of Hospitals and therapy just to Breathe
and Walk again. I have been a corporate owner since 2005.
I wanted to keep the corporation (same) with the years I've had put in
But you will not allow me because I'm late. I cannot afford 900.00 threats with
my old Record Book But they said it can't be done.
I have Hospital and Doctor Records if you need to check.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Waton President

Address: 705 SW 148th Ave #206
Sunrise, FL 33325
(Gov) 236-5026

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

FILED

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: MARC SUSSMAN
Address: 12740 Countryside Terrace
Cooper City, FL 33330
(954) 663-2371

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LAWRENCE WALTON
Address: 305 S.W. 148th AVE #206
SUNRISE, FL 33325
(954) 236-5026

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 as the agent designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Marc Sussman, CPA.

Required Signature/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.

L. Walton

Required Signature/Incorporator

Date

10/23/23

SECRETARY OF STATE
TALLAHASSEE, FL
2023 OCT 30 AM 10:35
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