

To:

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From: Yanet Avila

1/24/24, 10:35 AM

PR40000323203AECQ

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
WORLD SHOWER DOORS INC

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

ARTICLE I NAMEThe name of the corporation shall be: WORLD SHOWER DOORS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1812 SW 12th LANECAPE CORAL, FL 33991

Mailing address, if different is:

1812 SW 12th LANECAPE CORAL, FL 33991**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JORGE L. NEIRA - P

Name and Title: _____

Address 1812 SW 12th LANE

Address: _____

CAPE CORAL, FL 33991

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: JORGE L. NEIRAAddress: 1812 SW 12th LANECAPE CORAL, FL 33991**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: JORGE L. NEIRAAddress: 1812 SW 12th LANECAPE CORAL, FL 33991**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**/s/ Jorge L. Neira*_____
Required Signature/Registered Agent:_____
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.**/s/ Jorge L. Neira*_____
Required Signature/Incorporator_____
Date

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STATE OF FLORIDA