

Charter Number Only

P95000012396

2/13/95

Broward Review

Requester's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

SUNLINE Window Systems INC.



EMPIRE

Toll Free: 1-800-432-3028

95

FEB 14

FILED

11:57

☒ Profit	☐ Amendment	☐ Merger
☐ NonProfit		
☐ Foreign	☐ Dissolution	☐ Mark
☐ Limited Partnership	☐ Annual Report	☐ Other
☐ Reinstatement	☐ Reservation	☐ Change of Registered Agent
☒ Certified Copy	☐ Photo Copies	☐ Certificate Under Seal
☐ Call When Ready	☐ Call If Problem	☐ After 4:30
☒ Walk In	☐ Will Wait	☒ Pick Up
		☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledg. st
W.P. Verifier

CERTIFIED COPY

H. SIMS FEB 14 1995

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Acknowledgment
W.P. Verifier

CERTIFIED COPY

H. Sims FEB 14 1995

ARTICLES OF INCORPORATION

of

Sunline Window Systems Inc
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Sunline Window Systems Inc

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue _____ shares () of _____ Dollar(s) (\$) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Mordchi MAX</u>		
ADDRESS	<u>5001 N Dixie Hwy</u>		
CITY	<u>Boca Raton</u>	FLORIDA	ZIP <u>33431</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Sunline Window Systems Inc</u>		
ADDRESS	<u>5001 N Dixie Hwy</u>		
CITY	<u>Boca Raton</u>	FLORIDA	ZIP <u>33431</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have _____ () directors initially. The number of directors may be either increased or diminished from time to time by the By Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Mordecai Max		
ADDRESS	3805 NW 121st Ave		
CITY	SUNRISE	STATE	FL ZIP 33222
NAME	Robert Daughy		
ADDRESS	1400 SW 81st Ave Apt. 313		
CITY	N. Lauderdale	STATE	FL ZIP 33068
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Mordecai Max		
ADDRESS	3805 NW 121st Ave		
CITY	SUNRISE	STATE	FL ZIP 33222
NAME	Robert Daughy		
ADDRESS	1400 SW 81st Ave Apt. 313		
CITY	N. Lauderdale	STATE	FL ZIP 33068
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 10th day of July, 1983.

 _____ (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
55 FEB 14 11:51
1988

Sunline Window Systems Inc
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 5001 N. Dixie Hwy
Boca Raton, FL 33431

has named MORDCHI MAX
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

[Signature]
(required agent)
Registered

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

26 DEC 19 11 21 50

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012396

1. Corporation Name

SUNLINE WINDOW SYSTEM INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, file through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

1650 NW 23RD AVE.

State, Apt. #, etc.

3. New Mailing Address, if Applicable

1650 NW 23RD AVE.

State, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/95

5. FEI Number

65-0556845

Applied For

Not Applicable

City & State

FORT LAUDERDALE, FL

Zip
33311

Country

U.S.A.

City & State

FORT LAUDERDALE, FL

Zip
33311

Country

U.S.A.

CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D/P	ROBERT DUNPHY	310 SE 3RD COURT	POMPANO BEACH, FL 33060
D/O	MORDCHI MAX	130 SE 11TH STREET	POMPANO BEACH, FL 33060
D/V	MORDCHI MAX	130 SE 11TH STREET	POMPANO BEACH, FL 33060

REINSTATEMENT

8. Name and Address of Current Registered Agent

MORDCHI MAX
5001 N. DIXIE HWY
BOCA RATON, FL 33431

9. Name and Address of New Registered Agent

Name
MORDCHI MAX

Street Address (P.O. Box Number is Not Acceptable)

1650 NW 23RD AVE.

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/18/96
30000203-01185-008

****383.75 ****383.75

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORDCHI MAX

12/18/96

Date

(954) 730-0114

Daytime Phone #