

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

PA50000013781

NAME _____
 FIRM _____
 ADDRESS _____

PHONE _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

*Please file -
 even though the
 client overpaid.*

FEB 17 1995 BSB

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK

WALK-IN
 Will Pick Up 2-17-3-22

RE: mega doors Inc.

C.C. FEE. DISBURSED

☐ Appl. exp. _____
☐ d. of inc. file _____
☐ Corp. Record Search _____
☐ d. Partnership F. _____
☐ Foreign Corp. _____
☐ Cert. Copy(s) _____
☐ Art. of Amend. File _____
☐ Dissolution/Withdrawal _____
☐ C U S- _____
☐ Fictitious Name File _____
☐ Name Reservation _____
☐ Annual Report/Restatement _____
☐ Reg. Agent Service _____
☐ Document Filing _____
☐ Corporate Kit _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ Document Retrieval _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ File No.'s, Copies _____
☐ Courier Service _____
☐ Shipping/Handling _____
☐ Phone () _____
☐ Top Priority _____
☐ Express Mail Prep. _____
☐ FAX () _____ pgs.

900881-409279
 02/17/95 01076-005
 *****75.00 *****75.00

FILED
 95 FEB 17 PM 1:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

TRANSMITTAL LETTER

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

SUBJECT: MEGA DOORS INC -
(Proposed corporate name - must include suffix)

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

☒ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: MEGA DOORS INC
Name (printed or typed)
17982 SW 11 ST
Address
PEMBROKE PINES FL 33029
City, State & Zip

Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
05 FEB 17 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MEGA DOORS INC .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17982 SW 11 ST
PEMBROKE PINES FL 33029

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RUDOLF GUEVARA
17982 SW 11 ST
PEMBROKE PINES FL 33029

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

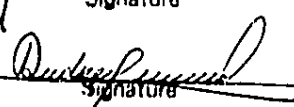
FELIX AVILEZ 17982 SW 11 ST PEMBROKE PINES FL 33029

RUDOLF GUEVARA 17982 SW 11 ST PEMBROKE PINES FL 33029

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

____ 07 ____ day of FEBRUARY ____ 19 95 ____ .

X _____  _____
Signature

2 _____  _____
Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MEGA DOORS INC

2. The name and address of the registered agent and office is:

RUDOLF GUEVARA

(Name)

17982 SW 11 ST

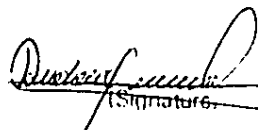
(P.O. Box ~~not~~ acceptable)

PEMBROKE PINES FL 33029

(City/State/Zip)

FILED
05 FEB 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

+ 
(Signature)

02/07/95
(Date)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013781 (6)

1. Corporation Name

MEGA DOORS INC

Principal Place of Business

17982 SW 11 ST
PEMBROKE PINES FL 33029

Mailing Address

17982 SW 11 ST
PEMBROKE PINES FL 33029

APPROVED
AND
FILED

1996 DEC -2 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

3. Date Incorporated or Qualified
02/17/1995

3a. Date of Last Report

4. FEI Number
65-0563928

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

GUEVARA, RUDOLF
17982 SW 11 ST
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

31. Name

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

34. City

FL

35. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/24/96

12. OFFICERS AND DIRECTORS

TITLE P. Felix AVILES
NAME
STREET ADDRESS 17982 SW 11 ST
CITY-ST-ZIP Pembroke Pines FL 33029

TITLE VP
NAME RUDOLF GUEVARA
STREET ADDRESS 17982 SW 11 ST
CITY-ST-ZIP Pembroke Pines FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

900002020733--6
-12/05/96--01027--024
***375.00 ***375.00

14. 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUDOLF J. GUEVARA

9/24/96 6541430-3270

CR2034 (3/96)