

TRANSMITTAL LETTER  
P95000048984

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

400001517534  
-06/20/95--01061--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Shutters Direct, 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

Additional Copy Required

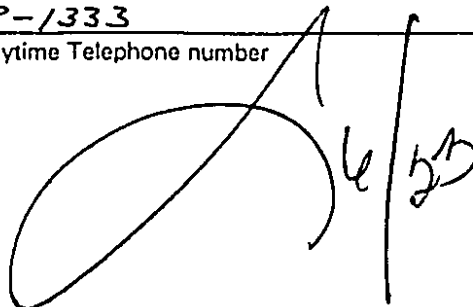
FROM: Thomas B. Puckett  
Name (printed or typed)

5055-6 St. Augustine Rd  
Address

JAX. Fla 32207  
City, State & Zip

904-448-1333  
Daytime Telephone number

FILED  
95 JUN 19 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

## ARTICLES OF INCORPORATION

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:

*Shutters Direct, Inc*

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TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

*5055-6 St. Augustine Rd.  
Jacksonville Fla. 32207*

### ARTICLE III SHARES

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

*1000*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Thomas B. Puckett  
5055-6 St. Augustine Rd.  
Jacksonville, Fl. 32207*

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

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

Thomas B. Puckett  
5055-6 St Augustine Rd.  
Jacksonville, Fl. 32207

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

17 day of MAY, 1995.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Shutters Direct, Inc.
2. The name and address of the registered agent and office is:

Thomas B. Puckett  
(NAME)

5055-6 St. Augustine Rd  
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

Jacksonville FL 32207  
(CITY/STATE/ZIP)

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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)

5/17/95  
(DATE)