1960 AM AND 10-69722

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

SUBJECT: PAULS COMPLETE DOOR & WINDOW SERVICE INC. (Proposed corporate name - must include suffix)

	sed is an origin s	I and one (1) co	ppy of the articles of incorporation and a check
for:	\$70.00 Filing Fee	\$78.75 Filling Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, Certified Copy & Certified Copy & Certificate Additional Copy Required
	FROM:	Paul- Name	TONKS
		3132 1	FORTUNE WAY STE D31
		<u> </u>	NGTON FL. 33414 ity, State & Zip
		561- Daytim	- 798 - 1599 ne Telephone number
			B63

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:

PAULS COMPLETE DOOR OF WINDOW SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

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

3132 FORTUNE WAY QUITE D31 WELLINGTON FLORIDA 33414



ARTICLE III SHARES

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

1000 Shares

20 Certificates

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

PHILIP DAVID TONKS.

3132 FORTUKE WAY STE P31.

WELLINGTON FL. 33414

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):

PAUL TONKS 1419 RED PINE TRAIL WELLINGTON, FL. 33414.

The undersigned in	corporator(s) has(have)	executed these Articles of	f Incorporation this
	<u> คนธนธา</u>	. <u>ما 9 .</u>	
(An additional articl	e must be added if an e	ffective date is requested.)
		>	•
-	200	Signature	

Notarization is not required

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/REUISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	PAULS COMPLETE DOOR &						
	WINDOW SERVICE	TNC					
2. The name and address of the registered agent and office is:							
PHILL	P D. TONKS	CAMPS STATE					
3132	FORTUNE WAY STE	D31 F. F. S.					
WELLIN	GTON FL. 334-14-	7					

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

Muly DTonks 8-15-96
(SIGNATURE) (DATE)