

TRANSMITTAL LETTER

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

P 97000029054

FILED  
MAR 28 AM 9:02  
TALLAHASSEE, FLORIDA

SUBJECT: All State Glass, Inc.  
(Proposed corporate name - must include suffix)

000002126640--8  
-03/28/97--01024--012  
\*\*\*\*131.25 \*\*\*\*131.25

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: Cesar Matos  
Name (Printed or typed)

805-A 97<sup>th</sup> Ave N.  
Address

Naples, FL 34108  
City, State & Zip

941-566-9610  
Daytime Telephone number

P. CHESLER MAR 28 1997

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:

ALL STATE GLASS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

805-A 97<sup>th</sup> Ave. N.  
Naples, Fl. 34108

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### ARTICLE III SHARES

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

200 Shares No Par Value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cesar Matos  
805-A 97<sup>th</sup> Ave N.  
Naples, Fl. 34108

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

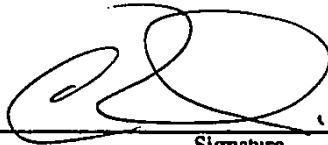
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CESAR MATOS  
805-A 97 AVE NO  
NAPLES, FL 34108

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

24<sup>th</sup> day of March, 19 97.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

**Notarization is not required**

**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 ALL STATE GLASS, Inc.  
805-A 97<sup>th</sup> Ave N., Naples, FL.

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

Cesar Matos  
(NAME)  
805-A 97<sup>th</sup> Ave N.  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
Naples, FL 34108  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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)

March 24, 1997  
(DATE)