TRANSMITTAL LETTER

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

Specialty GLASS COATINGS The OF Florion Inc. (Proposed corporate name - must include suffix)

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

į

\$70.00 Filing Fee

ţ;

j

\$78.75 Filing Fee

& Certificate

□\$122,50

Filing Fee & Certified Copy **四**\$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

13180 n. Clevelano Ave., Suite 112

North Fat Myers, FC 33903

(941) 656-0009

Daytime Telephone number

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

RP 5.13.7

ARTICLES OF INCORPORATION

FILED
LEGETARY OF STATE
PISTON OF COOPING

The undersigned incorporator, for the purpose of forming a corporation under the Florida AN -9 AM 10: 26

ARTICLE I NAME The name of the corporation shall be:	Specialty	Glass Coa	11795 Fre OFFINIA THE
	FICE ing address of this corporation s eveland Aue., Tyers, FL 3:	Suite 11C	FRET MYRYS, FR
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 Florida street address of the initial registered agent are:

JOHN ASAY
13180 n. Cleveland Aus., Suite 112
North Fart Myers, Fc. 33903

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John ASAY
13180 M. CIEVELAND AVE., Suite 112
North FORT Myers, FC. 33903

5-12-97

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

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/Registered Agent Date