### CAPITAL CONNECTION, INC.

417 E. Vlight an et. Suite I • Tallahassee, Florida 32 302 (904) 224 (370 • 1-800-342-8062 • Fax (904) 222 1 222

Swan Shutters, Inc

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## ARTICLES OF INCORPORATION OF SWAN SHUTTERS, INC.

97 JUN 19 AM 11: 06
SECRETARY OF STATE
TALLAHASSEE FLORIDY.

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

#### ARTICLE I NAME

The name of the corporation shall be:

SWAN SHUTTERS, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

2500 Military Trail Suite 265 Boca Raton, FL 33431

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5,000 shares, \$1.00 par value

#### <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

Charles D. Locigno 2500 North Military Suite 265 Boca Raton, FL 33431

#### ARTICLE V INCORPORATOR

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

Charles D. Locigno Suite 265 2500 North Military Trail Boca Raton, FL 33431

The undersigned incorporator has signed these Articles of Incorporation this 1st day of May, 1997.

Charles D. Locign

# 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	e of the corporation is: SWAN SHUTTERS, INC.	<del> </del>
		<del></del>
2. The name	e and address of the registered agent and office is:	97 JUN SECRETA
	Charles D. Locigno	19 ARY SSE
	(Name)	AMII: 1 OF STA
	2500 Military Trail, Suite 265	II: O
	(P.O. Box not acceptable)	90 and 1
	Boca Raton, Florida 33431	
	(City/State/Zip)	**************************************
Havina haa	n named as registered agent and to accept service of pro	neges for the
above state	n named as registered agent and to accept service of produced corporation at the place designated in this certificate, is ment as registered agent and agree to act in this capacity with the provisions of all statutes relating to the proper and y duties, and i am familiar with and accept the obligations	hereby accept
to comply w	inent as registered agent and agree to act in this capacity with the provisions of all statutes relating to the proper an	d complete perior-
as registere	y duites, and 7 ant tarnillar with and accept the obligations of agent,	or my position
Sta	May 1, 1	997
	(Signature)	