TAL LETTER)97)

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

100002917031--2 -06/28/99--01084--009 ******70.00 *****70.00

SUBJECT:

PERMA-GLAZE OF CENTRAL FLORIDA, INC. (Proposed corporate name - must include suffix)

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



S78.75 Filing Fee & Certificate of Status

□\$ 78.75	\$ 87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

FROM: HENRY A. BLAIS Name (Printed or typed) 210 Citrus Drive Address JUH 28 AM 7: 48 KISSIMMEE FLA. 34743 City, State & Zip 407-348-7320 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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: PERMA-GLAZE of CENTRAL FLORIDA, INC.

ARTICLE II PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be: 270 Citrus Drive Kissimmee, Fla. 34743

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 (One Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Henry A. Blais 270 Citrus Drive Kissimmee,Florida 34743

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: Henry A. Blais 270 Citrus Drive Kissimmee, Florida 34743

resident

Signature/ Incorporator

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Having been named as registered agent and to accept services 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 ace 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.

Lenry a B Signature/ Registered Agent