

PP9000079375

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.  
(Requestor's Name)

3320 S.W. 87th AVENUE  
(Address)

MIAMI, FLORIDA (305) 552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002979394--6

-09/07/99--01067--014

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. STORM SHUTTERS "R" US, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED  
99 SEP -7 AM 11:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AND  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

FILED  
99 SEP -7 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

T BROWN SEP -7 1999  
Examiner's Initials

**CERTIFICATE OF INCORPORATION  
OF  
STORM SHUTTERS "R" US, INC.**

**FILED**  
99 SEP -7 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the formation, rights, privileges, immunities and liabilities of incorporation for profit.*

**ARTICLE I**

*The name of the corporation should be:*

**STORM SHUTTERS "R" US, INC.**

**ARTICLE II**

*The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

**ARTICLE III**

*The maximum number of shares which the corporation is authorized to issue and have outstanding at any one time is 100 shares of common stock, which shares shall be of non par value. All stock is to be issued as fully paid and exempt from assessment.*

**ARTICLE IV**

*The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation.*

**ARTICLE V**

*The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$500.00)*

## **ARTICLE VI**

*The existence of the corporation is perpetual.*

## **ARTICLE VII**

*The initial post office address of the principal office of the corporation in the State of Florida is: **6800 SW 64<sup>TH</sup> AVE PMB 134 MIAMI, FL 33155-3708**. The board of directors may from time to time move the principal office to any other address in the State of Florida. The registered address of the corporation is **6800 SW 40<sup>TH</sup> ST PMB 134 MIAMI, FL 33155-3708**. The registered agent at the address is*

**MIGUEL FERNANDEZ**

## **ARTICLE VIII**

*The business of the corporation shall be managed by a board of directors consisting of no less than one nor more than five directors. A quorum for the holding of a meeting of the board of directors and for the transactions of any business which will be properly done by the directors on behalf of the corporation shall consist of majority of members thereof; but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an executive committee.*

## **ARTICLE IX**

*The names and post office of the members of the first board of directors and the slate of corporate officers are as follows:*

**MIGUEL FERNANDEZ**  
**PRESIDENT**

**2010 SW 64<sup>TH</sup> AVE**  
**MIAMI FL 33155**

**NESTOR VILLACAMPA**  
**VICE PRESIDENT**

**4101 SW 99<sup>TH</sup> AVE**  
**MIAMI, FL 33165**


**ALEJANDRO MARTIN**  
**SECRETARY**

**40<sup>TH</sup> E 14<sup>TH</sup> ST**  
**HIALEAH, FL 33010**

**ARTICLE X**

*THE STOCK OF THE CORPORATION MAY BE ISSUED PURSUANT TO THE PROVISIONS OF SECTION 1244 OF THE INTERNAL REVENUE SERVICE THE BENEFITS PROVIDED THEREUNDER.*

*IN WITNESS WHEREOF, WE THE INCORPORATORS HEREUNTO SET OUR HANDS AND SEALS, THIS 1ST DAY SEPTEMBER OF 1.999*

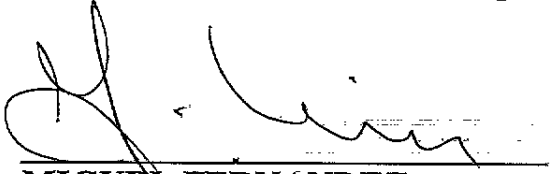
  
**LUIS C ARAUZ**  
**7225 NW 25<sup>TH</sup> ST STE 306**  
**MIAMI, FL 33122**

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.**

*Pursuant to the provisions of the section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. The name of the corporation is **STORM SHUTTERS "R" US, INC.** desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at city of Miami, State of Florida has named:*

**MIGUEL FERNANDEZ** located at **6800 SW 40<sup>TH</sup> ST PMB 134 MIAMI, FL 33155-3708** agent to accept process in State of Florida County of Dade.

*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.*

  
**MIGUEL FERNANDEZ**  
**REGISTERED AGENT**

**FILED**  
99 SEP -7 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA