

N13000002297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

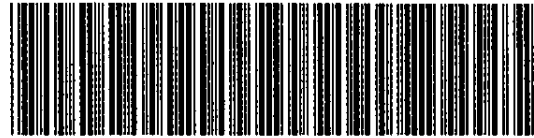
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 11 AM 10:03

ps 3/12/13

COVER LETTER

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

SUBJECT: MIAMI, FLORIDA BLINDS CORPORATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: FERNANDO HUMPHREYS
Name (Printed or typed)

670 NW 6 ST. #1405
Address

MIAMI, FLORIDA 33136
City, State & Zip

(305) 510 - 4438
Daytime Telephone number

mister fernando 7 @ G MAIL.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MIAMI, FLORIDA BLINDS CORPORATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
670 NW 6 ST. # 1405
MIA. FL. 33136

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "MIAMI, FLORIDA BLINDS CORPORATION, INC."
IT IS A COMMUNITY ORGANIZATION, THAT
PROVIDE SERVICES TO ALL BLINDS PERSONS. SERVICES SUCH AS; THERAPIES INDIVI-
DUAL OR GROUPS. SOCIAL SERVICES, ENTERTAINMENT AND RECREATIONAL IN AND OUT
DOORS. PROMOTION AND SUPPORT FOR THE DEVELOPMENT OF THE ARTS; THEATRE, MUSIC,
PAINTING, ETC, ETC. INDIVIDUALLY, FAMILY OR GROUPS AS A NON FOR PROFIT CORPORATION.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
BY VOTES.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FERNANDO HUMPHREYS, Name and Title: _____
Address: PRESIDENT Address: _____
670 NW 6 ST. # 1405
MIA. FL. 33136

Name and Title: NANCY ALFONSO, Name and Title: _____
Address: SECRETARY. Address: _____
670 NW 6 ST. # 312
MIA. FL. 33136

Name and Title: RONALD MORGAN Name and Title: _____
Address: TREASURY Address: _____
945 SW 4 ST. # 4
MIA, FL. 33130

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FERNANDO HUMPHREYS
Address: 670 NW 6 ST. # 1405
MIA. FL. 33136

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FERNANDO HUMPHREYS
Address: 670 NW 6 ST. # 1405
MIA. FLA 33136

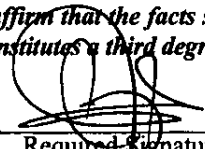
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

MARCH 5th, 2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

MARCH 5th, 2013
Date