

P 00000038139
TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 10 PM 12:35

FILED

SUBJECT: WINDOW TREATS & DESIGNS INC.
(Proposed corporate name - must include suffix)

200003201842--4
-04/10/00--01127--004
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: MARTHA RODRIGUEZ
Name (Printed or typed)

8255 NW 164 ST
Address

MIAMI, FL 33016
City, State & Zip

(305) 335-7986
Daytime Telephone number

F. CHILCOFF

APR 17 2000

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:

WINDOW TREATS & DESIGNS INC

ARTICLE II PRINCIPAL OFFICE

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

19133 NW 90TH CT
MIAMI, FL 33018

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARTHA RODRIGUEZ
8255 NW 164 ST
MIAMI, FL 33016

ARTICLE V INCORPORATOR

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

MARTHA RODRIGUEZ
8255 NW 164 ST
MIAMI, FL 33016


Signature/Incorporator

4/5/00
Date

(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

4/5/00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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