TRANSMITTAL LETTER

ALEXANDRA SHOWER DESIGNS, INC.

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SCORE FARY OF STATE.

ALLAHASSEE, FLORIE.

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

SUBJECT:

nclosed is an origin	nal and one(1) copy of the artic	les 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
FROM		man, Esq.	
	2600 N. Milita	ry Trail, Suite Address	<u> 290</u>
	Boca Raton, F1	orida 33431 State & Zip	000003411430 -10/02/000110700 *****87.50 *****87,
	(561) 241-3220 Daytime 7	Celephone number	

(Proposed corporate name - must include suffix)

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.

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TATTABLARY OF CO
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALEXANDRA SHOWER DESIGNS, INC.

ARTICLE II PRINCI PAL OFFICE

The principal place of business and mailing address of this corporation shall be: 144 N.W. 20th Street, Boca Raton, Florida 33431

ARTICLE III SHARES

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

Seventy-Five Hundred (7500)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Stephen Martucci, 144 N.W. 20th Street, Boca Raton, Florida 33431

ARTICLE V INCORPORATOR

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

Stephen Martucci, 144 N.W. 20th Street, Boca Raton, Florida 33431

Signature/Incorporator

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 fostion as registered agent

Signature/Registered Agent

Date