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TRANSMITTAL LETTER

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

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-10/20/00--01045--018
*****78.75 *****78.75

SUBJECT: BLINDS BY VIVIANA, INC.
(Proposed corporate name - must include suffix)

FILED
OCT 20 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Orlando Arrom
Name (Printed or typed)

10556 N.W. 26th Street - Suite 203
Address

Miami, FL 33172
City, State & Zip

(305) 592-0663
Daytime Telephone number

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

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**ARTICLES OF INCORPORATION
OF
BLINDS BY VIVIANA, INC.**

FILED
00 OCT 20 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following document as a incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

BLINDS BY VIVIANA, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of one hundred (100) shares, having an individual par value of one dollar (\$1.00).

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only (1) class of stock of this corporation.

ARTICLE V

The street address of the initial principal office and the name of the initial Resident Agent of this corporation shall be:

INITIAL PRINCIPAL ADDRESS

9195 FONTAINEBLEAU BLVD, UNIT 3

MIAMI, FL 33172

INITIAL RESIDENT AGENT

VIVIAN VALDES

ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) persons, and the name and address of the persons who are to serve as initial directors are:

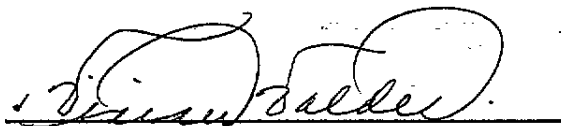
VIVIAN VALDES, 9195 FONTAINEBLEAU BLVD, UNIT 3, MIAMI, FL 33172

JUAN J. VALDES, 9195 FONTAINEBLEAU BLVD, UNIT 3, MIAMI, FL 33172

The name and address of the incorporator executing these Articles of Incorporation is:

VIVIAN VALDES
9195 FONTAINEBLEAU BLVD., UNIT 3
MIAMI, FLORIDA 33172

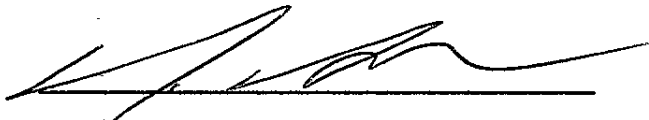
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 17 day of October, 2000.



STATE OF FLORIDA)
) SS.
COUNTY OF MIAMI-DADE)

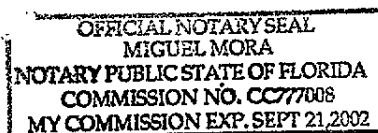
BEFORE ME, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared Vivian Valdes known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 17 day of October, 2000.



NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

BLINDS BY VIVIANA, INC.

2. The name and address of the registered agent and office is:

VIVIAN VALDES

(NAME)

9195 FONTAINEBLEAU BLVD., UNIT 3

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33172

(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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



DATE

Oct, 17, 2000