## Poppa 193596

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

000003448570--4 -11/02/00--01058--009 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: F	AST BLIND (PROPOSED CORPORAT	S, TNC. TENAME-MUSTINCLI	UDE SUFFIX)
Enclosed is an origina	al and one(1) copy of the article	es 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	: KHOSROW	ADDITIONAL CO	PY REQUIRED
	1766 Senec	01	
	Winter Spri	NSS, FL. State & Zip	32708
	(407) - 595 - 16 Daytime T	91 or (407) Telephone number	- 977-7077 TES 8

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

113

ARTICLE I NAME  The name of the corporation shall be: $ASTBL(NDS, INC.$
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1766 Seneca Blvd winter Springs, Fla 32708
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Retail Sell window Blinds
ARTICLE IV SHARES The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)  The name(s) and address(es):  ARTICLE VI REGISTERED AGENT  The name (s) and address(es):
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the second street address of the se
The name and Florida street address of the registered agent is: KHOSROW OWJI
WINTER SPRINGS, FLA 32708  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KHOSROW OWJI  1766 Seneca Blvd  WINTER SPRINGS, FLA 32708
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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
Signature/Registered Agent Date
K/Ch1- 10-26-00
Signature/Incorporator Date

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)