-	FRANSMI	TALLETTER	7/)2	2
Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 323			00 DEC 18 TALLAHASSE	PM 1: 53 OF STATE E, FLORIDA
SUBJECT: <u>PE</u>	RSONAL TOUCH (PROPOSED CORPORA)	<u>1</u>	Enchapeo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10003504651 4 -12/18/00-01143-004 Enclosed is an original and one(1) copy of the articles of incorporation and a check for ** 18.75 ***** 78.75				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	DOROTHY B. Name (Pr	ZAHARAKO inted or typed)		jeren e laves
	8109 AL157			e ellos

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

ST. LUCIE WEST, FL 34986
City, State & Zip'

561-489-0219 Daytime Telephone number

PH, 2/26/00

# ARTICLES OF INCORPORATION

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UNLTAKY OF STATE

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:

Personal Touch Draperies, Inc.

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## ARTICLE II PRINCIPAL OFFICE

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

2083 Florida Mango Road West Palm Beach, Florida 33406

## ARTICLE III SHARES

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

100,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dorothy B. Zaharako, CPA 8109 Alister Place St. Lucie West, Fl 34986

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SLUKETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLE V INCORPORATOR

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

Dorothy B. Zaharako, CPA 8109 Alister Place St. Lucie West, Fl 34986

## ARTICLE VI EFFECTIVE DATE

The effective date of this incorporation shall be:

January 1, 2001.

Norothy B. Zaharoho
Signature / Incorporator

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

Doto