# Polooop 33233

ALL FASISION SLINDS EVERGICAS FINC 1.0.Box 3661 HACLANDALE, FT. 33008

	Office Ose Only		
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if	-03/13/0101040005	4
1(Corporation Name)	(Document #)		Ų.
2(Corporation Name)	(Document #)		<u>.</u>
3(Corporation Name)	(Document #)	<u> </u>	÷.
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☐ Walk in ☐ Pick up time		☐ Certified Copy	_
Mail out Will wait	Photocopy	Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	APP T	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of I Change of Regis Dissolution/Wit Merger	R.A., Officer/Director Property of Start of Star	
OTHER FILINGS	REGISTRATION/	QUALIFICATION P	
Annual Report Fictitious Name  5/,2589/2554,611/2550  -6036	Foreign Limited Partner Reinstatement Trademark Other	rship	
-6036		Examiner's Initials	

CR2E031(7/97)



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 16, 2001

JAY LIEBMAN POST OFFICE BOX 3661 HALLANDALE, FL 33008

SUBJECT: ALL FASHION BLINDS & VERTICALS, INC.

Ref. Number: W01000006036

We have received your document for ALL FASHION BLINDS & VERTICALS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

You must list the corporation's principal office and/or a mailing address in the document.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

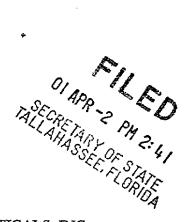
Doris Brown Document Specialist

Letter Number: 601A00016228

### ARTICLES OF INCORPORATION

#### **OF**





TWO: The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of FLORIDA, other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of FLORIDA.

**THREE:** the name and address in this State of the Corporation's initial agent for service of process is:

**FOUR:** This corporation is authorized to issue only one class of shares of stock which shall be designated common stock. The total number of shares it is authorized to issue is (500) FIVE HUNDRED shares.

**FIVE:** The names and addresses of the persons who are appointed to act as the initial directors of the corporation are:

NAME: JAY LIEBMAN

ADDRESS: P.O. BOX 3661, HALLANDALE, FL. 33008

NAME:

ADDRESS:

SIX: The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent possible under the laws of the State of FLORIDA.

SEVEN: The corporation is authorized to indemnify the directors and the officers of the corporation to the fullest extent permissible under the laws of the State of FLORIDA.

IN WITNESS WHEREOF,
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
Day of 28 FEB., 2001.  [Signature]
[Signature]
[Signature]

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED NDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The Name of the Corporation is: ALL FASHION BLINDS & VERTICALS, INC.
- 2. The name and address of the registered agent and office is:

Name: JAY LIERMAN	
Address: 3737 WF 16757-	P.O. box not acceptable
City, State, Zip: N. Miami Bel	R1 13110
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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)

DIVISION OF CORPORATIONS, P.O. BOX 62327, TALLAHASSEE, FL. 32314

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SECRETARY OF STATE