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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):  1. QUALITY BLINDS DESIGNER, IMPROVED (Corporation Name)  (Corporation Name) (Document #)  3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)  Walk in Pick up time 200 Certified Copy.  Mail out Will wait Photocopy Certificate of Status
Profit NonProfit NonProfit Limited Liability Domestication Other  AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
Annual Report Fictitious Name Name Reservation  REGISTRATION/ QUALIFICATION 400045115340 -03/26/0101014-015 ******78.75 ******78.75  Limited Ragnership Reinstatement Trademark Other  CR2E031(9/92)

# ARTICLES OF INCORPORATION

OF

QUALITY BLINDS DESIGNER, INC.

The undersigned incorporate for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities and liabilities of incorporations, for profit, and subject to the following provisions:

## ARTICLE - I

The name of the corporation shall be: QUALITY BLINDS DESIGNER, INC.

## ARTICLE - II

This corporation shall have perpetual existence.

## ARTICLE - III

This corporation is organized for the purpose of transacting and all lawful business.

# ARTICLE - IV

The post office address of the initial registered office of this corporation in the State of Florida is: 16047 N.W. 21st St.Pembroke Pines.

Florida, 33028

The name of the initial registered agent at such address is:

ANDREA ORTEGA

# ARTICLE - VI

The business of the corporation shall be managed by a Board of Directors, who need not be stockholders of the corporation. The number of Directors, not less than one, no more than seven, and shall be fixed by resolution of the stockholders at a regular or special meeting, subject to the manner of holding such meetings prescribed by the by-laws.

## ARTICLE - VII

The Board of Directors may from time to time move the registered office to any other address in Florida whenever the Directors may deem necessary or expedient.

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# ARTICLE - VIII

The name and post office address of the members of the Board of Directors who shall serve as members thereof are as follows:

BOARD OF DIRECTORS

ADDRESS

BOARD OF DIRECTORS Andrea Ortega (President) 16047 NW 21st St. Pembroke Pines; Fl.33028

Jorge Omar Ocariz (Secretary) 16047 NW 21st St. Pembroke Pines Fl. 33028

The name and the post office address of the subscribers to these Articles of Incorporation and the number of shares of stock each agree to take is:

NAME

#### ADDRESS

#### NO. OF SHARES

Andre Ortega 16047 NW 21st St. Pembroke Pines Fl. 33028 250

Jorge Omar Ocariz, 16047 NW 21st St. Pembroke Pines, Fl. 33028, 250

#### ARTICLE - IX

This corporation shall have full power to carry on and transact each or all business enumerated in Article III of the Articles of Incorporation, shall have all the general and additional power now conferred upon it by the law.

#### ARTICLE - X

Amendments to the Articles of Incorporation, Merger, Consolidation or Dissolution shall be approved and submitted to the Stockholders for unanimous approval. Thirty days notice shall be provided.

#### ARTICLE - XI

Shareholders of the corporation shall have preemptive rights to acquire their prorata share of stock of the corporation for all issues of any class of stock of the corporation, no matter when authorized, and for whatever consideration is contemplated to be received by the corporation, including but not limited to cash, other property, services, the acquisition of their corporations shares of property through merger of the extinguishment of debts.

Preemptive rights (NOT) apply to the reissuance of all redeemed or otherwise acquired shares, including the reissuance of treasury shares.

These articles pertaining to preemptive rights may not be amended or deleted without the unanimous vote of the shareholders of each affected class.

No issue of stock of the corporation shall take place unless the price at which the stock is to be issued shall be unanimously approved by the shareholders of the corporation.

H.O. C.

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These preemptive rights shall apply to any corporate obligation which is convertible to or exchangeable for any stock of the corporation, or where there is attached to said obligation any stock warrants or rights which allow the holder to acquire by subscription or purchase any stock of the corporation.

IN WITNESS WHEREOF, We have hereunto set our hands and signature, this 20 day of 8ep. 20001

STATE OF FLORIDA (
COUNTY OF DADE (SS

BEFORE ME, the undersigned authority, duly authorized to administer oath and take acknowledgements, personally appeared:

Am rea Ontega and Jorge Omar Ocariz

Who after first being duly sworn, executed the foregoing ARTICLES OF INCORPORATION, freely and voluntarily for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official Seal a Miami, Dade County Florida, this  $\frac{20}{200}$  @ay of  $\frac{8000}{2000}$ 

NOTARY PUBLIC, STATE OF FLORIDA

My commission Expires

ELIO MORLANNE
COMMISSION # CC756708
EXPIRES JUL 06, 2002
BONDED THROUGH
ADVANTAGE NOTARY

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

First that QUALITY BLINDS DESIGNER, INC.	複
desiring to organize under the laws of the State of	Florida
with its principal office, as indicated in the articles of inc	
namedANI REA ORTEGA	*
located at 16047 NW 21st St.	
City of Pemboke PinesCounty of Broward Stat	
as its agent to accept service of process within this stat	

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