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O	Requestor's Name)	
(Address)	
(Address)	·
(City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Nam	ne)
	Dawn and Missack and	
IJ	Document Number)	
Certified Copies	<u>Certificates</u>	of Status
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TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA)	orp.		
	(PROPOSED CORPORAT	TE NAME TMUST INCLU	DE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	l a check for:	
□ \$70.00	□ \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		ADDETIONAL CO	Status PV DEOLUBED	
		ADDITIONAL CO	PY REQUIRED	
FROM: Samuel Drice Name (Printed or typed)				
realize (Trinica of types)				
3600 Galt Ocean Dr Apt 30				
Address				
74 Lauderdel JL 33308				
City, State & Zip				
954-494-7803				
954-494-7803 Davtime Telephone number				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be:	AS MAY
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Place of business: 1411 SW12th Aue Mailing: Pompano Brach, 7L.33060 Ft.La ARTICLE III PURPOSE The purpose for which the corporation is organized is: This company will be engaged in the manual of draperies a window treatment. ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: 3600 Gal+ 0c Headerdale	can Dr Apt 30
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Samuel O Rice 3600 Galt Ocean On April 74 Landerder dale, 71.33	308 30
**************************************	t the place designated in this
Signature/Registered Agent	Date
Signature/Incorporator 5 - 8	<u>3-03</u> Date