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(Re	questor's Name)	
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PICK-UP	Mait Wait	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



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SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: S&S Blinds.	the	
(PROPOSED CORPORA	TENAME - MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
Filing Fee Fring Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Stanley David	(Printed or typed)	
4892 SW	IS9 AVE	
Miranar , Liv,	33027 State & Zip	
30S-308-4 Daytime To	1996 elephone 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) ARTICLE I NAME The name of the corporation shall be: S&S Blinds, Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4892 SW (S9 AVE M.Ramar, EL 33027 ARTICLE III PURPOSE The purpose for which the corporation is organized is: austom Blinds ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): president - Stanley David Rosen REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Miramar 152 33027 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Stenley David Rosen 4892 Sw159 Ave Miramar, & 33027 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/Incorporator