P05000050538

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
One in the Land Control of the Office
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04/01/05--01023--019 **78.75



J. Shivers APR 05 2005.

TRANSMITTAL LETTER

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

SUBJECT: Duche	ss Custom Designs, Inc.					
	(PROPOSED CORPORA)					
\$70.00	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	Name (e Simmons Printed or typed)		5 e e	<i>∵</i> 5	
-	Homestead, FL 33035 City, State & Zip				5522-1 34	FILES
-	(305) 898 8289 Daytime Telephone number				Q Q Q Q	

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:

Duchess Custom Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1065 SE 13 Terrace, Homestead FL 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Charlotte Simmons, 1065 SE 13 Terrace, Homestead FL 33035 - President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Charlotte Simmons, 1065 SE 13 Terrace, Homestead FL 33035

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charlotte Simmons, 1065 SE 13 Terrace, Homestead FL 33035

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Fam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

/ /

Date