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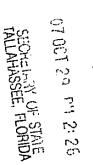
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COVER LETTER

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

SUBJECT:	ALL SEASON TR	OPICAL SHE	DES INC		
SUBJECT: ALL SEASON TROPICAL SHADES INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and 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		
			Status		
	ADDITIONAL COPY REQUIRED				
		-			
FROM: BEVERLY F. PATTON Name (Printed or typed)					
Name (Printed or typed)					
91-11- 110.12 A T-2001					
865 NE VANDA TERRADO Address					
JENSEN BEACH FL 34957 City, State & Zip					
City, Staté & Zip					
772- 532-2301					
<u> 172 - よろ2 - 0 3 0 1</u> Daytime 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

07 OCT 29 PH 2: 26

ARTICLE I NAME

All Season Tropical Shades, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

3520 SE Armellini Way, C-1 Palm City, FL 34990

ARTICLE III PURPOSE

For Profit Corporation

ARTICLE IV SHARES

10,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Beverly F. Patton 865 NE Vanda Terrado Jensen Beach, FL 34957

ARTICLE VI REGISTERED AGENT

Beverly F. Patton 865 NE Vanda Terrado Jensen Beach, FL 34957

ARTICLE VII INCORPORATION

Beverly F. Patton 865 NE Vanda Terrado Jensen Beach, FL 34957

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.

Benerly Flatton

Signature/Registered Agent

Date

Descript Fatton

Signature/Inforporator

Date