

P10000085114

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

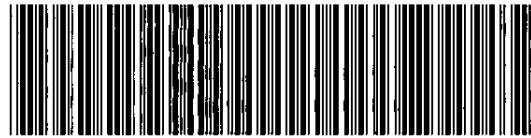
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2010 OCT 18 AM 11:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. Shivers OCT 19 2010  
W10-46790  
505

**COVER LETTER**

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

**SUBJECT: DESIGNER SPECIALTIES INSTALLATIONS**  
(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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: DAVID STEPHEN MONUSE  
Name (Printed or typed)

1530 DEWEY ST  
Address

HOLLYWOOD, FLORIDA 33020  
City, State & Zip

954 854 6825  
Daytime Telephone number

dmonuse@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

**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:

**DESIGNER SPECIALTIES INSTALLATIONS INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1825 NE 144 ST  
NORTH MIAMI, FLORIDA 33181

Mailing address, if different is:  
1530 DEWEY ST  
HOLLYWOOD FLORIDA 33020

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**WINDOW COVERING INSTALLATIONS**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAVID STEPHEN MONUSE  
Address: 1530 DEWEY ST  
HOLLYWOOD, FLORIDA 33020  
PRESIDENT

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: SUSAN KRAMER MONUSE  
Address: 1530 DEWEY ST  
HOLLYWOOD, FLORIDA 33020  
SECRETARY

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DAVID STEPHEN MONUSE  
Address: 1530 DEWEY ST  
HOLLYWOOD, FLORIDA 33020

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID STEPHEN MONUSE  
Address: 1530 DEWEY ST  
HOLLYWOOD FLORIDA 33020

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

SEPTEMBER 30, 2010  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

SEPTEMBER 30, 2010  
Date

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TALLAHASSEE, FLORIDA