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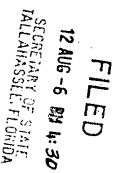
(Requestor's Name) .		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: AVE PAIACIOS AUTHORIZATION BY PHONE TO CORRECT HY ICE DATE BOC DAME		

Office Use Only



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COVER LETTER

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

SUBJECT: Interior Shutters & Ca	rpentry Inc.
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the a	rticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Dave Palacios	ne (Printed or typed)
18943 sw 96 ave	Address
Cutler Bay , Fl 33157	y, State & Zip
786-712-1925 Daytime	Telephone number
doorsshutters@aol.com	led for future annual report notification)

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:				
ARTICLE II	PRINCIPAL OFFICE			
<u> </u>	Principal street address		Mailing address, if different is:	
11	8943 sw 96 ave			
	utler Bay, Fl 33157			
ARTICLE III				
The purpose for which the corporation is organized is: Installing window treatments and Finish trim carpentry				
ARTICLE IV			TALLAH SSEE OF S	
	<u>INITIAL OFFICERS AND/OR DIREC</u>		ين چ	
Name and Tit	le:Dave Palacios President		Title:	
Address:	18943 sw 96 ave			
	Cutler bay, Fl	*		
				
Name and Tit	اما	Name and	Title:	
Address:		Address:		
Addiess.		Addiess.		
				
Name and Tit	le:	Name and	Title:	
Address:				
	REGISTERED AGENT			
	ida street address (P.O. Box NOT acceptab		d agent is:	
Name:	Dave Palacios			
Address:	18943 sw 96 ave			
	Cutler Bay Fl,33157			
ARTICLE VII	INCORPORATOR			
	ress of the Incorporator is:			
Name:	Dave Palacios			
Address:	18943 sw 96 ave			
ridaress.	Cutler Bay Fl,33157			
	Odder Dey 11,00101			
Having been rumed this certificate, Vam	d as registered agent to accept service of pro- familiar with and accept the appointment a	ocess for the about s registered agent	ve stated corporation at the place designated in and agree to act in this capacity	
1 Taxe v	Maciós		ALGUST 1, 2012.	
- June	Required Signature/Registered Agent	 	1 1 201 2 Data	
	Required Signature Registered Agent		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.				
		· · · · · · · · · · · · · · · · · · ·	•	
C Yand	Lolacin		ALLICT 1 2012	
- Com	Required Signature/Incorporator		August 1,2012	