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| Special Instructions to Filing Officer: |
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COVER LETTER

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

SUBJECT: Screen Enclosure Designs, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II | PRINCIPAL OFFICE Principal street address 5780 SW 46th Terrace | Mailing address, if different is: |
|-------------------------------|--|--|
| | Miami, FL 33155 | |
| | PURPOSE | |
| he purpose for | which the corporation is organized is: nclosures, Patio Roof Service & Repairs | |
| | A STATE OF THE STA | Secretary Control of the Control of |
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| ARTICLE IV The number of s | SHARES hares of stock is: 1000 | |
| RTICLE V | | |
| Name and Address: | Title: Hunny Palacios: Director: Pres. 5780 SW 46 Terrace | Name and Title: |
| Addiess. | Miami, FL 33155 | Address: |
| | espts, q | |
| Name and | Title Lourdos M. Solomons, Transuror | r Name and Title: |
| Address: | 5780 SW 46 Terrace | Address: |
| | Miami, FL 33155 | |
| | | . |
| Name and | Title: | Name and Title: |
| Address: | भा गाः इसिक्सीक्षाः विशेष | Address: |
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| | | |
| RTICLE VI | REGISTERED AGENT | f the registered agent is: |
| Name: | Florida street address (P.O. Box NOT acceptable) of H. Palacios | THE TEXTSTELEM AVENUS |
| Address: | 5780 SW 46 Terrace | 9: 27 STATE ORIDA |
| | Miami, FL 33155 | - 1 101 1 |
| RTICLE VII | INCORPORATOR TO SEE | APPICLE VIII ADDITIONAL |
| he <u>name and a</u> | address of the Incorporator is: | EFFECTIVE DATE OF |
| Name: | Lourdes Solomons | - ADDOCADON K TO |
| Address: | 5780 SW 46 Terrace | CORPORATION IS TO |
| | Miami, FL 33155 | BE AUGUST 21, 2012 |
| laving been no | uned as registered agent to accept service of process | s for the above stated corporation at the place designated in |
| nis certificate, i | am familiar with and accept the appointment as regi | istered agent and agree to act in this capacity |
| ٠ | | 0/21/17 |
| ; | | 0/2///0 |
| | Required Signature/Registered Agent | Climbra were as Date |
| submit this do | ocument and affirm that the facts stated herein are | true. I am aware that the false information submitted in a |
| | | y as provided for in s.817.155, F.S. |
| | Depuriment of State constitutes a intra degree Jetony | , — provincia y con 111 and 11 |
| locument to the | nde Delimin | 8/21/2010 |