P12000079196

(Requestor's Name)			
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(City/State/Zip/Phone #)			
(City) Clate Lips: Holle Hy			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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WH2-46655			

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COVER LETTER

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

SUBJECT: A. SUNSHINE VERTICALS & DRAPES, INC.

iclosed are all original and one (1) copy of the arti	cies of incorporation and a check for.
\$70.00 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: NAVEED QURESHI_PRI	E S.
	(Printed or typed)
9630 SW 9TH CT	Address
PEMBROKE PINES, FL City,	_ 33025 State & Zip
305-770-0091 Daytime T	elephone number
NQ59YAHOO.COM E-mail address: (to be use	d for future annual report notification)

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



September 10, 2012

NAVEED QURESHI 9630 SW 9TH CT PEMBROKE PINES, FL 33025

SUBJECT: A. SUNSHINE VERTICALS AND DRAPES, INC

Ref. Number: W12000046655

We have received your document for A. SUNSHINE VERTICALS AND DRAPES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 712A00022771

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

ARTICLE 1 The name of the cor	NAME A. SUNSHINE VERTIFIED PROTECTION Shall be:	CALS AND DRAPES, IN	IC .
	•		
ARTICLE II	PRINCIPAL OFFICE	\	*C *****
N.	Principal <u>street</u> address AVEED QURESHI PRES.	Mailing add	ress, if different is:
		CANA	
	418 PEMBROKE RD IRAMAR, FL 33023		
IAT	IRAIMAR, FL 33023		
ARTICLE III 1	PURPOSE	•	
he purpose for wh	nich the corporation is organized is:		
	ON AND RPAIR OF BLINDS AND D	DRAPES, AND ANY OT	HER BUSINESS
RELATED TO	THAT FIELD.		
RTICLE IV	SHARES		
he number of shan	es of stock is: 500		
	INITIAL OFFICERS AND/OR DIRECTO		•
Name and 1 n	le: NAVEED QURESHI PRES. 9630 SW 9TH CT	Name and Title:	
Address.	PEMBROKE PINES, FL 33025		
	TEMBRUARE THEST, TE 35025	· · · · · · · · · · · · · · · · · · ·	
Name and Tit	:le:	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address:		Address:	
			<u> </u>
Name and Tit	lle:	Name and Title	
Address:		Address:	
	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable)		
Name:	NAVEED QURESHI		
Address:	9630 SW 9TH CT		
	PEMBROKE PINES, FL 33025		
RTICLE VII	INCORPORATOR		·
he <u>name and add</u>	ress of the Incorporator is:		
Name:	NAVEED QURESHI		
Address:	9630 SW 9TH CT	<u> </u>	
	PEMBROKE PINES, FL 33025		
/			ar a ar e c e de la cer
-	d as registered agent to accept service of pro- n familiar with and accept the appointment as i	-	
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M	(1/2 -12/.	•	9 1-2-012
(Charles	Required Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	9-1-2012 Date
	Vedented Signamic Kedisteren Agent		Date
submit this docu	ment and affirm that the facts stated herein i	are true. I am aware that the fa	ulse information submitted in
	partment of State constitutes a third degree fe		
		• • •	
(Oleman)	Required Signature/Incorporator		9-1-2012
New-record	Required Signature/Incorporator		9-1-2012 Date