93000235Y

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200242274392

01/07/13--01020--010 **70.00

SECRETARY OF STAIL SECRETARY OF

PS 1/8/13

COVER LETTER

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

SUBJECT: ALC Window and Bed Decor 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 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: Laurie Rabyor Name (Printed or typed) 2661 March Circle Address					
Loxabatchee F1. 33470 City, State & Zip					

561-248 -6562 Daytime Telephone number

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

The name of the corporation shall be: ALC Window	and Bed Decor Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
2661 March Circle	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is: /00	
ARTICLE V INIȚIAL OFFICERȘ AND/OR DIRECTORS	A
Name and Title: Laurie Rabyor PRESIDENTA Address: 2661 March Circle Loxohatcher, Fl. 33476	Address: 10215 Pincifore 10
	Name and Title:
Name and Title:	Name and Title:
	<u> </u>
ARTICLE VI REGISTERED AGENT	JAN SECORE
The name and Florida street address (P.O. Box NOT acceptable) of the Name:	e registered agent is:
Address: 2661 March Circle Loxahatcher F1. 334	76
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: Address: Add	, , , , , , , , , , , , , , , , , , , ,
Having been named as registered agent to accept service of process fo this certificate, I am familiar with and accept the appointment as regist	
Required Signature/Registered Agent	1/4/13
,	Date
I submit this document and affirm that the facts stated herein are tru document to the Department of State constitutes a third degree felony a	
Louis Walin	1/11/2
Required Signature/Incorporator	Date