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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Phone : (850) 205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Economy Window Blinds Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

AUG 3 1 2015

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S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

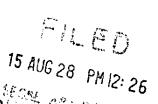
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COVER LETTER

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

SUBJECT:	NOMY WINDOW BLINDS INC		
SUBJECT:	(PROPOSED CORPORA	TE NAME – MUST INCL	UDESUPPEX)
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 CO	PY REQUIRED
FROM:	CT Corporation System Name	e (Printed or typed)	
: 	1200 South Pine Island Road		····
1	Plantation, FL 33324.	Address	
-	City,	, State & Zip	
5	18-451-8052		
-	Daytime 1	Telephone number	
C	T-statecommunications@woltenskluw	er.com	
_	E-mail address: (to be use	d for future annual report i	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

	In compliance with Chapter 60	and/or Chapter 621, F.S. (Profit)	S
ARTICLE I NAME The name of the corpora	ECONOMY WINDOW E	Pand/or Chapter 621, F.S. (Profit)	1000
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if diffi	erent is:
701 Market St suite 11	1		
St Augustine Fl 32995			
ARTICLE III PURP	OSE Installative corporation is organized is:	tion of Window Blinds	
ARTICLE IV SHAR The number of shares of	<u>ES</u> 100 stock is:		
	AL OFFICERS AND/OR DIRECTORS Charles RANDY LANCE :	Name and Title: President	
	2005 A1 A C Ct- 203		
Address	Saint Augustine, FL 32080-6506	Address:	
			
		_	
Name and Title		Name and Title:	
Address		Address:	
			~
			· · · · · · · · · · · · · · · · · · ·
Name and Title	<u></u>	Name and Title:	
Address		Address:	

Name and	Title:	Name and Title:
Address		Address:
ADTICI PUI D	EGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	CT Corporation System	
Address:	1200 South Pine Island Road	
realities.	Plantation, FL 33324.	
ARTICLE VII II	VCORPORATOR	
The <u>pame and add</u>	ress of the Incorporator is:	
Name:	Charles RANDY LANCE	
Address:	2085 A I A S Ste 203	•••
	Saint Augustine, FL 32080-6506	
Effective date, if of If an effective dat		nnot be more than five business days prior or 90 business
lays after the fills Note: If the date is the document's effe	nserted in this block does not meet the applica ective date on the Department of State's recon	
Having been name his certificate, I on	d as registered agent to accept service of pro. 4 familiar with and accept the appointment as	resistents with and agreent act in this capacity
Having been name his certificate, I an C	of as registered agent to accept service of pro- in familiar with and accept the appointment as T Corporation System	resting the state of section of the sepacity
Having been name this certificate, I as	at registered agent to accept service of pro is fundilar with and accept the appointment as T Corporation System Required Signature/Registerics Agent	cess for the above supplicorporation at the place designated in resignated and appearance in this capacity Problém & Assistant & Assistant & March & B/19/15 Date
17 4	Required Signature/Registered Agent	Date
supposit this docu	Required Signature/Registered Agent	Date are true. I am aware that the false information submitted in a
supposis this docu	Required Signature/Registered Agent mend and affirm that the facts stated herein	Date are true. I am aware that the false information submitted in a