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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone : (85C)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

All Pro Blinds Inc

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<u>-</u>		Certified Copy	0	
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AUG 3 1 2015

S. GILBERT

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8/28/2015 1:06:18 PM From: To: 8506176381(2/4)

COVER LETTER

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

SUBJECT: ALI	L PRO BLINDS INC				
30D0ECT	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUPPIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
☑ \$70.0 Filing Fe	0 S78.75 c 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:	C T Corporation System Name (Printed or typed)				
	1200 South Pine Island Road				
•	•	Address	_		
	Plantation, FL 33324.				
•	City. State & Zip				
	518-451-8052				
	•	elephone number			
,	CT-statecommunications@wolterskluwer.com E-mail address: (to be used for future annual report notification)				

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

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15 AUG 28 PM 12: 25

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

ARTICLE I NAME The name of the corpore	ALL PRO BLINDS INC	THE STATE OF STATE
ARTICLE II PRIN		Mailing address, if different is:
822 AIA North suite 3	10	
Ponte Vedra F1 32082		
ARTICLE III PURP The purpose for which	OSE Installation is organized is:	on of Window Blinds
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE V SHAR ARTICLE V INITL Name and Tirk	stock is: AL OFFICERS AND/OR DIRECTORS	Name and Title: President
Address	2085 A1A S Ste 203	Address:
,,,,,,,	Saint Augustine, FL 32080-6506	Andreas:
Name and Title	· · · · · · · · · · · · · · · · · · ·	Name and Title:
Address		Address:
Name and Title		Name and Title:
Address		

Explands this document and affirm that the facty stated herein are true. I am aware that the faise information submitted in a

document to the Department of Slate constitutes a third degree falony as provided for in 3.817.155, F.S.

Required Signature Incorporator

Date

Date

8/19/15

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