P. 001

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000043154 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146

: (305)444-4994 Fax Number : (305)444-4977

\*\*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 Q & R LUXURY BLINDS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

######################################	e quantities of the street address e quantities e q		
		Mailing addr	ess, if different is:
			``
RTICLE III PURP he purpose for which	OSE the corporation is organized is:	ALL LAWFUL BUSINESS	
			W-
RTICLE V INITL	6795 SW 132 AVE	Name and Title:	
Address	APT 303	Address:	~~~
	MIAMI, FL 33183	· · · · · · · · · · · · · · · · · · ·	
		Name and Title.	
Name and Title	·· <u>·····</u>	Name and The:	
Name and Title			
Address		Address:	
Address		Address:	

Name and Title:		Name and Title:	
Addres	6795 SW 132 AVE	Address:	
	APT 303		
	MIAMI, FL 33183		
<i>4RTICLE VI</i> The name and 1	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accepta	hle) of the registered agent is:	
Name:	JESUS JAVIER QUINONES		
Address:	6795 SW 132 AVE APT 303		
Address.	MIAMI, FL 33183	<del></del>	
	INCORPORATOR  address of the Incorporator is:		
	JESUS JAVIER QUINONES		
Name:	6795 SW 132 AVE APT 303		
Address:	MIAMI, FL 33183		
ADTICI E VIII	EFFECTIVE DATE:	<del></del>	
	f other than the date of filing:	(OPTIONAL)	
If an effective lays after the i	•	cannot be more than five business days prior or 90 business	
	te inserted in this block does not meet the appli effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as ords.	
		rocess for the above stated corporation at the place designated is as registered agent and agree to act in this capacity	
	allino 3		
	Required Signature/Registered Ager	nt Date	
	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.	
Real	hr Signature/Incorporator	Date	
- · · · · · · · · · · · · · · · · · · ·	<u> </u>		