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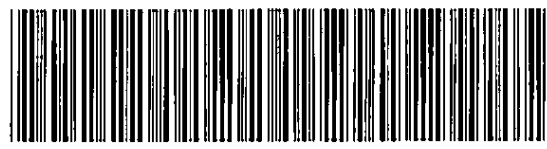
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/2/19

NAME: RISE & SHINE BLINDS INC

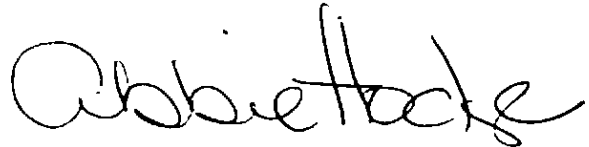
TYPE OF FILING: ARTICLES

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COVER LETTER

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

SUBJECT: RAISE & SHINE BLINDS, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SHELAH NORMAN/MHR CPA INC
Name (Printed or typed)
520 TAMALPAIS DR. SUITE 206
Address
CORTE MADERA, CA 94925
City, State & Zip
415 888 2555
Daytime Telephone number
SHELAH@MHR-CPA.COM
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: RAISE & SHINE BLINDS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19501 W. COUNTRY CLUB DRIVE #2615

AVENTURA, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF FLORIDA OTHER THAN THE BANKING BUSINESS, THE TRUST COMPANY BUSINESS OR THE PRACTICE OF A PROFESSION PERMITTED TO BE INCORPORATED BY THE FLORIDA CORPORATIONS CODE.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Morr Kadoch/President

Name and Title: Ariel Kadoch/Vice-President

Address 19501 W. Country Club Drive #2615

Address: 19501 W. Country Club Drive #2615

Aventura, FL 33180

Aventura, FL 33180

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Morr Kadoch
Address: 19501 W. Country Club Drive #2615
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Shelah Norman
Address: 520 Tamalpais Dr. Suite 206
Corte Madera, CA 94925

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 2, 2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent
Date 1/2/19

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator
Date 1/2/19

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DB