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TRANSACTION REPORT

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Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

2nd Request

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FLORIDA PROFIT/NON PROFIT CORPORATION LEE OSCAR INTERIOR CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS

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: Lee Oscar Interior Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14455 SW 47 Terr.
Miami, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Window ^{treatment} installation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oscar Lee (P)
Address: 14455 SW 47 Terr
Miami, FL 33175

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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IN
OFFICE OF
CORPORATION

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: OSCAR LEE
Address: 14455 SW 47 TERR
MIAMI, FL. 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSCAR LEE
Address: 14455 SW 47 TERR
MIAMI, FL. 33175

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 furnishing with and accept the appointment as registered agent and agree to act in this capacity.

X [Signature]
Required Signature/Registered Agent

11/7/19
Date

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.

X [Signature]
Required Signature/Incorporator

11/7/19
Date