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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: BOOKKEEPING DONE RIGHT INC Account Name

Account Number : I20200000064

Phone

: (786)273-7055

Fax Number

: (205)881-1104

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FLORIDA PROFIT/NON PROFIT CORPORATION **DECOR BY FRANCOIS INC**

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Corporate Filing Menu

Help

To:

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

ARTICLE I NAME	DECOD BY ERANCOL	C ma	
The name of the corpora	tion shall be: DECOR BY FRANCOI	<u>5 INC</u>	
ARTICLE II PRINC 5091 NW 7TH STRE MIAMI, FL 33126	CIPAL OFFICE Principal street address ET BLDG# Z APT #1204	Mailing a	address, if different is:
<u></u>			
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is: any and	mized is: any and all lawful business. OR DIRECTORS icia President Name and Title: REET Address: Name and Title: Address:	
	<u> </u>		-
ARTICLE IV SHAR. The number of shares of	stock is: 100		27
	E: Martinez, Leticia President	Name and Title:	13 K.
Address	5091 NW 7TH STREET BLDG# 2 APT #1204 MIAMI, FL 33126	Address:	
			<u>,, 21</u>
Name and Title	:	Name and Title:	
Address		Address:	
Name and Title	·	Name and Title:	
Address		Address:	
		-	

N ARMAS-OCEJO Fa	x: 12058811104 To:	Fax: (850) 617-6381	Page: 4 of 4	07/29/2020 9:29 A
Name a	nd Title:	Name and Title:		
Address		Address:		
				
		_		<u></u>
	REGISTERED AGENT			
The name and I	Florida street address (P.O. Box NOT accepta	ble) of the registered agent	is:	
Name:	Leticia Martinez			
Address:	5091 NW 7th Street			
	Bldg #2 Apt #1204 Miami, FL 33126			
1 DTICLE 1/11	INCORDORATOR			
	INCORPORATOR address of the Incorporator is:			
the name and s	•			
Name:	Bookkeeping Done Right Inc	<u>. </u>		
Address:	4700 NW 7th Street Suite	10		
	Miami, FL 33126			
A DOTACE TO LOUIS	PERCONIA O AND			
Effective date, i	EFFECTIVE DATE: fother than the date of filing: original si	ubmission date _{(OPT}	IONAL)	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five	e days prior or 90	days after the
	te inserted in this block does not meet the apple effective date on the Department of State's re		tirements, this date	will not be listed
certificate, I am	med as registered agent to accept service of pro familiar with and accept the appointment as r	egistered agent and agree		
Leticia	Required Signature/Registered Ager		07/	29/2020
	Required Signature/Registered Ager	nt		Date
I submit this de	ocument and affirm that the facts stated here. Department of State constitutes a third degree	in are true. I am aware tl		nation submitted
	M Armas-Ocejo		07/	/29/202 <u>0</u>
Required Signat	ture/Incorporator		Date	

From: AYLEN ARMAS-OCEJO Fax: 12058811104