

P20000077013

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : L & R INTERNATIONAL FIRM INC  
Account Number : 120200000026  
Phone : (786)413-4344  
Fax Number : (305)222-9004

\*\*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  
AUTOMATED BLINDS OF MIAMI INC

Certificate of Status	0
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## COVER LETTER

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

SUBJECT: AUTOMATED BLINDS OF MIAMI 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: LUIS GARCIA DEL RISCO

Name (Printed or typed)

1701 W 72ND ST

Address

HIALEAH, FL 33014

City, State & Zip

786-532-7634

Daytime Telephone number

garcialuis715@gmail.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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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**The name of the corporation shall be: AUTOMATED BLINDS OF MIAMI INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1701 W 72ND ST  
HIALEAH, FL 33014

Mailing address, if different is:

1701 W 72ND ST  
HIALEAH, FL 33014**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS GARCIA DEL RISCO / PRESIDENT

Name and Title: \_\_\_\_\_

Address 1701 W 72ND ST

Address: \_\_\_\_\_

HIALEAH, FL 33014

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: L&R INTERNATIONAL FIRM INCAddress: 8410 WEST FLAGLER ST STE 205MIAMI, FL 33144**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: FRANCO ROBLESAddress: 8410 WEST FLAGLER ST STE 205MIAMI, FL 33144**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 10 / 01 / 2020 (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*FRANCO ROBLES  
Required Signature/Registered Agent10/01/2020  
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.*FRANCO ROBLES  
Required Signature/Incorporator10/01/2020  
Date

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