20000267 年間ida Department of State

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.

(((H23000130449 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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address	5:		

FLORIDA PROFIT/NON PROFIT CORPORATION CL DE LEON INTERIOR BLINDS INC

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

Electronic Filing Menu

٠.,

Corporate Filing Menu

Help

3052201440

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

CLOELEON INTERIOR BLINDS I	YC.
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3719 5W 135 th AVE MIAMI FL 33	: 75
ARTICLE III SHARES: The number of shares of stock is:	<u>2</u> 0
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	<u>RS:</u>
CRISTHIAN B DELEON : RAMOS	· <u></u>
PRESIDENT	
	-
	725
ARTICLE V INITIAL REGISTERED AGENT AND STREET A	
The name and Florida street address (PO Box not acceptable) of the regist CRISTHINK R de LEON RAMOS	ered agent is
	70
37799W 136Th AVE MIAMI FL 33175	<u></u> ن
	<u>, ξ</u>
ARTICLE VI INCORPORATOR: The name and address of the Inc	orporator is:
CRISTHIAN R DE LEON RAM	-
3779 SW 135th AVE	
MIAMI TL 33175	

3052201440

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

Registered Agent I Pate

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.

- Osin		
	Incorporator	 E ate

23 APR -7 PM 12: 35