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Division of Corporations

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Florida Department of State
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
BARBARITA MODERN & AUTHENTIC CURTAINS CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BARBARITA MODERN & AUTHENTIC CURTAINS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4851 EAST 8TH AVE HIALEAH, FL 330138975 NW 178TH LN HIALEAH, FL 33018**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DUNIA BARBARA FLEITES (P)

Name and Title: _____

Address 8975 NW 178TH LN

Address: _____

HIALEAH, FL 33018

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 AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: DUNIA BARBARA FLEITESAddress: 8975 NW 178TH LNHIALEAH, FL 33018**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: DUNIA BARBARA FLEITESAddress: 8975 NW 178TH LNHIALEAH, FL 33018**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 familiar with and accept the appointment as registered agent and agree to act in this capacity*/s/ Dunia Barbara Fleites

Required Signature/Registered Agent

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./s/ Dunia Barbara Fleites

Required Signature/Incorporator

Date _____

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