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STATE OF FLORIDA SUITE 200
409 EAST GAINES STREET MIAMI FL 33135- 0000 004
TALLAHASSEE, FL 32399
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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: HOME BLIND SERVICES, INC.
FAX AUDIT NUMBER: H95000008773 CURRENT STATUS: REQUESTED
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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
HOME BLIND SERVICES, INC.

(4)

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: HOME BLIND SERVICES, INC.

The principal place of business of this corporation shall be:
271 N.W 23th St., Miami Fl 33127

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 500 @ \$1.00 authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00 (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MIRTHA LEDO, PRESIDENT

271 N.W 23th St., Miami Fl 33127

Jose Nae, 3899 N.W 7th St., Suite #203 Miami Fl 33126 Phone 541-3980-86

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of Incorporation is(are):

MIRTHA LEDO

271 N.W 25th St., Miami FL 33127

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25th day of July, 1995

Signature(s) of Incorporator(s)

Mirtha Ledo

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**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent. In the State of Florida.

1. The name of the corporation is: HOME BLIND SERVICES, INC.

2. The name and address of the registered agent and office is:

MIRTHIA LEDO

271 SW 23th St.,

(P. O. BOX NOT ACCEPTABLE)

Miami FL 33127

(CITY/STATE/ZIP)

SIGNATURE

Mirthia Ledo
(Corporate Officer)

TITLE PRESIDENT

DATE July 25, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

Mirthia Ledo
(Registered Agent)

DATE July 25, 1995

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