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City/State/Z	Address  DA 33174 (305)552-5973  Cip Phone #  ENTATIVE TALLAHASSEE	7000021299378 -04/0179701053030 ****122.50 ****122.50 Office Use Only
1. THE BLI (Corpo	·	
Walk in Mail out		ument #)
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/ Directe  Change of Registered Agent  Dissolution/Withdrawal  Merger	97 AFR -1 ATTO: 33
Annual Report Fictitious Name Name Reservation	REGISTRATION  QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark  Other	33 33
CR2E031(1/95)		Examiner's Initials

### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

## PILED 97 APR - I PM I: I SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

## ARTICLE V INCORPORATOR(S)

The name(s) and str lion is(are):	eet address(es) c	f the incorporator(s	to these Articles of	Incorpora-
lion is(are):	carlos Gar	AY 7785 :	5.W. 86 ST., E , FL 33143	-321
Louis	Autonia CA		, '	

MIAMI, FL 33155

#### ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

thirty day of _	March 19 97
-	- $(//a)$
	Signature
	Trul coulth)
	Signature
	Signature

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered of ce/registered agent, in the State of Florida.

1.	The name of the corporat	on is: th	TE BLIND	STORE,	INC.		
						<u> </u>	
2.	2. The name and address of the registered agent and office is:					97	
	JUAN CAFLOS				AET AET	ΛPR	7
		(NAME)			<u> </u>	- <u>1</u>	F
	7785 S.W. 8				EL EL	PH	
	(P.O. BOX <u>NOT</u> ACCEPTABLE)						
	MIAMI .	FL	33143		D'H	18	
		(CITY/STAT	E/ZIP)			<b></b> '	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 3-30-97