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DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314 TRANSMITTAL LETTER

DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

SUBJECT: BRASOTA WINDOW FASHIONS INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

ENCLOSED IS AN ORIGINAL AND (1) COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR:

\$70.00 FILING FEE & CERTIFICATE

☐ \$122.50

FILING FEE &

CERTIFIED COPY

□\$131.25
FILING FEE
CERTIFIED COPY
& CERTIFICATE

FROM:

DONNA REE BBhop 4603 367 Aug W Braserry Ft 34209. 500002287386--7 -09/08/97--01130--004 *****78.75 *****78.75

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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 1 Name

The name of the corporation shall be:

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: 500

Article IV Initial Registered Agent And Street Address

The name and the address of the initial registered agent is:

Article V Incorporators

The names and street addresses of the incorporators to these articles of incorporation is (are):

The undersigned incorporators) has (have) executed these Articles Of Incorporation this:

Donnare Bishop	
Signature	President
Signature Signature	Secretary
Signature	Treasurer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

THE NAME OF THE CORPORATION IS:

BRASOTA WINDOW FASHIONS INC

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Shunghandarianassher, Florida

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

DOMINAGE BISHOP 4603 36Th Ave W BLADENTON, FC 34209

HAVING BEEN NAMED AS THE REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COOPERATION 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 OR MY POSITION AS REGISTERED AGENT.