

LATRUS CORPORATE INDUSTRIES, INC.

*97091255*

MIAMI, FLORIDA 33174 (305)552-5973  
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. ANGELO WINDOW COVERING, INC.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-10/23/97--01054--016  
\*\*\*\*122.50 \*\*\*\*122.50

- Walk in
- Mail out
- Pick up time 2.00
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

FILED  
97 OCT 23 PM 2:37  
STATE OF FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*10/23*  
RECEIVED  
97 OCT 23 AM 11:10  
DIVISION OF CORPORATION

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.

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97 OCT 23 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Angelo Window Covering, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

8249 N.W. 36 Street #202  
Miami, Fl. 33166

### ARTICLE III SHARES

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

500 @ \$1.00 (one dollar)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alma L. Sanchez  
8249 N.W. 36 Street #202  
Miami, Fl. 33166

**ARTICLE V INCORPORATOR(S)**

See Instructions for officers/directors

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

Alma L. Sanchez, President  
10425 N.W. 43<sup>rd</sup> Terrace  
Miami, Fl. 33178

Angel H. Sanchez, Vice-President  
10425 N.W. 43<sup>rd</sup> Terrace  
Miami, Fl. 33178

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

21 day of October, 19 97.

(An additional article must be added if an effective date is requested.)

X Alma L. Sanchez President  
Signature

X Angel H. Sanchez Vice-President  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: Angelo Window Covering, Inc

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

Alma L. Sanchez  
(NAME)

8249 N.W. 36 Street  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL. 33166  
(CITY/STATE/ZIP)

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.

Alma L. Sanchez, President  
(SIGNATURE)

10/22/97  
(DATE)

FILED  
9 20 1997  
PH 2:37  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA