

PA 7000093904

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:

A.L.C. Custom Window Treatments Inc
(Proposed corporate name - must include suffix)

900002335239--7
-10/31/97--01071--007
****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Arlayne Skridulis
Name (Printed or typed)

801 Maple Wood Dr Suite #
Address

Jupiter FL 33458
City, State & Zip

561 743-6699
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 OCT 31 AM 10:21

FILED

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

FILED
97 OCT 31 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

H.L.C. Custom Window Treatments Inc.

ARTICLE II PRINCIPAL OFFICE

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

801 Maplewood Dr Suite #20
Jupiter FL 33458

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 Florida street address of the initial registered agent are:

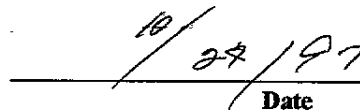
Arlayne Skindels
18290 127th Dr N
Jupiter FL 33478

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Arlayne Skindels
18290 127th Dr N
Jupiter FL 33478


Signature/Incorporator


Date

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

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/Registered Agent


Date