

TRANSMITTAL LETTER

P99000005021

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

500002742395--8  
-01/14/99--01106--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: The DRAPER DOCTOR INC.  
(Proposed/corporate name - must include suffix)

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

☐ \$125.50  
Filing Fee  
& Certified Copy

☒ \$250  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: RANDALL H miller  
Name (Printed or typed)

18181 NE 31ST CT # 907  
Address

AVENTUA, FL 33160  
City, State & Zip

305-931-6341  
Daytime Telephone number

99 JAN 14 PM 3:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

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

ajc  
1/19

## 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.

### ARTICLE I NAME

The name of the corporation shall be:

The DRAPERY DOCTOR INC.

### ARTICLE II PRINCIPAL OFFICE

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

18181 NE 31ST CT #907 Aventura, FL 33160

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

GAIL MILLER  
18181 NE 31ST CT. #907  
Aventura, FL 33160

### ARTICLE V INCORPORATOR

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

RANDALL H MILLER  
18181 NE 31ST CT #907  
Aventura, FL 33160

  
Signature/Incorporator

1-10-99  
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

1-10-99  
Date

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