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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT CORPORATION OR P.A.

ALAN COHEN WALLCOVERINGS, INC.

Certificate of Status	0
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STATE OF FLORIDA  
ARTICLES OF INCORPORATION  
OF

ALAN COHEN WALLCOVERINGS, INC.

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation:

FIRST: The name of the Corporation is:

ALAN COHEN WALLCOVERINGS, INC.

SECOND: The period of its duration is perpetual.

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

One Thousand Shares (1,000) at \$1.00 par value.

FIFTH: The street address of the initial registered and principal office of the Corporation shall be:

6430 NE 18<sup>TH</sup> AVENUE APT. 7, FORT LAUDERDALE, FL 33334

and the name of its initial Registered Agent at such address is:

ALAN COHEN

Prepared by: Christine Jacobsen *Acct.*  
Southeast Accounting & Financial Services, Inc.  
6418 N.W. 5 Way, Ft. Lauderdale, FL 33309  
954-491-5727

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SIXTH:

The number of Directors constituting the initial Board of Directors of the Corporation is 1, and the name and address of the person who is to serve as Director until the first annual meeting of Shareholders or until their successors are elected and shall qualify is:

ALAN COHEN  
6430 NE 18<sup>TH</sup> AVENUE APT. 7, FORT LAUDERDALE, FL 33334

The name and address of each incorporator is:

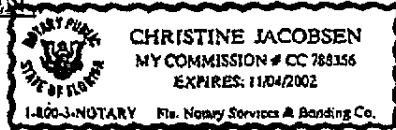
ALAN COHEN  
6430 NE 18<sup>TH</sup> AVENUE APT. 7, FORT LAUDERDALE, FL 33334

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TALLAHASSEE FLORIDA

*[Signature]*

State of Florida:  
County of Broward:

The foregoing instrument was acknowledged before me this 29 day of MARCH, 19 99 by CHRISTINE JACOBSEN



*[Signature]*  
Notary Public

Personally Known X OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

ALAN COHEN, having been designated to act as Registered Agent hereby agrees to act in this capacity.

*[Signature]*

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Prepared by: Christine Jacobsen  
Southeast Accounting & Financial Services, Inc.  
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