Division of Corporations

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# Florida Department of State

Division of Corporations **Public Access System** Katherine Harris, Secretary of State

# Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : CREDIT SOLUTIONS, INC.

Account Number : 110451000522

: (305)827-9080 Fax Number : (305)827-3778

# FLORIDA PROFIT CORPORATION OR P.A.

# EGLY DRAPERIES CORP.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78,75

B. McKnight JUL 3 0 1999

Audit Number M990000 18876 5

# ARTICLES OF INCORPORATION

#### **ARTICLE 1-NAME**

The name of the Corporation is

Egly Draperies Corp.

## ARTICLE 2-PURPOSE OF CORPORATION

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

#### ARTICLE 3-PRINCIPAL OFFICE

The address of the principal office of this Corporation is:

9915 West Okechobee Rd Apt. 6-105 Hialeah Gardens Fl 33016

## ARTICLE 4-INCORPORATOR

The name and street address of the incorporator of this Corporation is:

Edglebelis Govea 9915 West Okechobse Rd #6-105 Hialeah Gardens FL

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

27th of July 1999

PREPARED BY

Credit Solution Incoporated Enterprises

1790 West 49 Street

Suite 400-2

Hialeah FL 33012

305 827 9080

305 827 3778

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Audit Number H990000 188765

#### **ARTICLE 5- OFFICERS**

The officers of the Corporation shall be:

President:

Edglebelis Govea

9915 West Okechobee Rd

#6-105

Hialeah Gardens FL 33016

Vice President:

Xiomer Navarro

9915 West Okechobee Rd

#6-105

Hialeah Gardens FL 33016193

## ARTICLE 6-DIRECTOR(S)

The Director(s) of the Corporation shall be:

Edglebelis Govea

## **ARTICLE 7-SHARES**

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

100 at \$1.00 per share

#### ARTICLE 8-REGISTERED OWNERS

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books if the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

#### ARTICLE 9-EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

Audit Number 4990000188765

Audit Number 4990000 188765

#### ARTICLE 10-AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to these Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Florida, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 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.

1. The name of the Corporation is:

Egly Draperies Corp.

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

Edglebelis Govea 7209 NW 79 Ter Miami FL 33166 SECRETARY OF STATE DIVISION OF MEFORATIONS

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 Date

Audit Number H940000188765