## P9900070718

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

SUBJECT: Design Screens, Inc.

Proposed corporate name - must include suffix)

800002955588--7 -08/10/99--01038--001 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

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 of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Tetricia G. Thompson

11737 Ft. Caroline Lakes Cour

Jacksonville Florida 32225 City, State & Zip

(904) 097-0203 Daytime Telephone number 9 AUG 10 AM 10: 4

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.

ARTICLE I NAME The name of the corporation shall be: Design Screens, Inc.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  11737 77. Caroline Lakes Court  Jacksonville, 710vida 32725  ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	APPROVED FALED
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Patricia G. Thomas  11737 7+. Caroline LAKES Court  Jackson Ville, Florida 33+25	)zop
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:	
11737 H. Caroline Lakes Court	
Jackson Ville, Florida 32+25 Patricia G. Inompson Jackson Ville, Florida 32+25 Patricia G. Inompson  Jackson Ville, Florida 32+25  Patricia Description  Date  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 /