

PO3000088221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

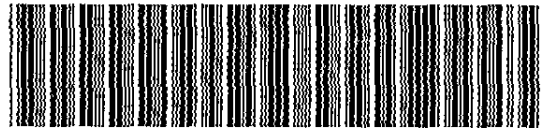
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 AUG 11 PM 1:08

P.P. 8/11

TRANSMITTAL LETTER

ATTN: MRS. BETH REGISTER

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

SUBJECT: ITALIAN DESIGN FURNITURE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ROITMAN BORIS  
Name (Printed or typed)

5450 WILSON RD.  
Address

SANFORD, FL 32771  
City, State & Zip

(407) 302-1237 or (321) 377-1742  
Daytime Telephone number

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

DEAR MRS. BETH,  
IF YOU HAVE QUESTIONS, PLEASE CALL ME AT  
(407) 805-0605  
THANK YOU ALWAYS FOR YOUR ASSISTANCE.  
SINCERELY,  
YAROSLAV ("JERRY")

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the corporation shall be:

ITALIAN DESIGN FURNITURE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

5450 WILSON RD.  
SANFORD, FL 32771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RETAIL SALES

**ARTICLE IV SHARES**

The number of shares of stock is:

20

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ROITMAN BORIS , PRESIDENT  
5450 WILSON RD.  
SANFORD, FL 32771

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ROITMAN BORIS  
5450 WILSON RD.  
SANFORD, FL 32771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROITMAN BORIS  
5450 WILSON RD.  
SANFORD, FL 32771

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\_\_\_\_\_  
Signature/Registered Agent

08/06/03  
Date

\_\_\_\_\_  
Signature/Incorporator

08/06/03  
Date