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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: USED FURNITURE AND MORE, 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: MYRIAM SOLNER
Name (Printed or typed)

1411 ARCHER STREET
Address

LEHIGH ACRES, FL 33936
City, State & Zip

239-634-8911
Daytime Telephone number

usedfurnitureandmoreinc@centurylink.net
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME
The name of the corporation shall be: USED FURNITURE AND MORE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
1411 ARCHER STREET	
LEHIGH ACRES, FL 33936	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SELL USED FURNITURE AND OTHER ITEMS

ARTICLE IV SHARES
The number of shares of stock is: 10 000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael W Solner - President	Name and Title: Alfred J Butterfield - Vice President
Address: 1411 Archer Street	Address: 19200 SW 185th Ct
Lehigh Acres, FL 33936	Miami, FL 33187
Name and Title: Myriam C Solner - Treasurer	Name and Title: Janet M Butterfield - Secretary
Address: 1411 Archer Street	Address: 19200 SW 185th Ct
Lehigh Acres, FL 33936	Miami, FL 33187
Name and Title:	Name and Title:
Address:	Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Myriam S Solner

Address: 1411 Archer Street

Lehigh Acres, FL 33936

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael W Solner

Address: 1411 Archer Street

Lehigh Acres, FL 33936

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Myriam S Solner 04/29/15

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael W Solner 4/24/15

Required Signature/Incorporator Date