

PI SODUU 40819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

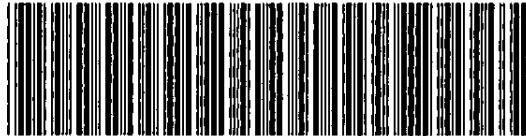
Office Use Only

T. SCOTT

MAY 07 2014

MAY 07 2014

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05/01/15--01029--004 **87.50

15 MAY - 1 AM 9:23

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 _____

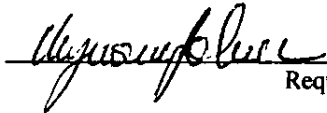
ARTICLE VIII EFFECTIVE DATE:

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

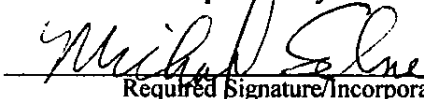


Required Signature/Registered Agent

04/29/15

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.



Required Signature/Incorporator

4/29/15

Date