City/State/Zip LOCAL REPRESENT	S MAIN:  OE, UITE 16  Idress  33174 (305)552-5973  Phone #  ATIVE TALLAHASSEE	30000000000000000000000000000000000000
_	DESIGNS (Docume)  (Docume)	TERIORS, INC.
3. (Corporation 4. (Corporation	Name) (Docume	SSEC PH 177
☐ Mail out ☐ Wi	Il wait Photocopy	Certified Copy Certificate of Status
Profit NonProfit Limited Liability Domestication	Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal	
Other  OTHER FILINGS  Annual Report  Fictitious Name	Merger  REGISTRATION  QUALIFICATION  Foreign  7	110.00 Mail. 52 Mail.
Name Reservation	Reinstalement Trademark Other	Examiner's Initials
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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 22, 1997

**LAZARUS** 

MIAMI, FL

SUBJECT: UNIQUE DESIGNS INTERIORS, INC.

Ref. Number: W97000009323

We have received your document for UNIQUE DESIGNS INTERIORS, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 497A00020650

## **ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

Tile name of the corporation shall be:

EXTRAVAGANT INTERIOR DECORATORS, INC.



#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1049 S.W. 15 Lane #208. Miami, Fl. 33172.

#### ARTICLE III SHARES

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

One Hundred (100).

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Arnaldo Rodriguez 1049 S.W. 15 Lane #208. Miami, Fl. 33172

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation s(are):

Arnaldo Rodriguez 1049 S.W. 15 Lane #208 Miami, Fl. 33172

## ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Ar icles of Incorporation is(are):

Arnaldo Rodriguez 1049 S.W. 15 Lane #208 Miami, Fl. 33172

he undersigned in	corporator(s	i) has(have) ex	ecuted these Articles	of Incorporation this
2	day of _	april	, 19 <u>5</u> 7	
		Arnolde	Signature	
			Signature	
		<del></del>	Signature	<del></del>

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the uncersigned 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.

7	ne name of the corporation is: EXTRAVAGANT INTERIOR 1	DECORATORS	, IN	1C
1	ne name and address of the registered agent and office is:	SEC	97 APR	
-	Arnaldo Rodriguez (NAME)	AHASSE	1PR 25	
_	1049 S.W. 15 Lane #208	HON THE	丑	
	(P.O. BOX NOT ACCEPTABLE)  Miami, Fl. 33172	STATE LORIN/	11: 28	
_			TATE DRID/	: 28 TATE DRID!

HA'ING 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 Hushlo Rudight

DATE 4-21-97