

P00000000 4/892

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LAZARUS CORPORATE FILING SERVICE, INC.

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(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DECOR-LINE FURNITURE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)



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Photocopy



Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/  
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

K. Rolfe JAN 14 2000

FILED  
00 JAN 14 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-01/14/00--01050--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

RECEIVED  
00 JAN 14 AM 11:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
Examiner's initials

# ARTICLES OF INCORPORATION

*The undersigned incorporate(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

The name of the corporation shall be:

**DECOR-LINE FURNITURE, INC.**

**FILED**  
00 JAN 14 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES II PRINCIPAL OFFICE

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

**8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FLORIDA 33144**

## ARTICLES III SHARES

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

**500 SHARES \$ 1.00 PAR VALUE**

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**NYDIA M. CASANAS  
8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FLORIDA 33144**

**ARTICLES V INCORPORATE(S)**

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

NYDIA M. CASANAS  
8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FLORIDA 33144

PRESIDENT, SECRETARY, TREASURER,  
DIRECTOR

**ARTICLE VI DIRECTOR (S)**

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

NYDIA M. CASANAS  
8150 SW 8<sup>TH</sup> STREET, SUITE # 203  
MIAMI, FLORIDA 33144

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this  
12<sup>TH</sup> day of JANUARY, 2000

✓ Nydia M. Casanas  
SIGNATURE NYDIA M. CASANAS PRESIDENT, SECRETARY, TREASURER, DIRECTOR

**Articles of Incorporation**

**Filling Fee - \$35.00**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

**DECOR-LINE FURNITURE, INC.**

The name and address of the registered agent and office is:

NYDIA M. CASANAS

(Name)

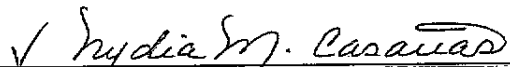
8150 SW 8<sup>TH</sup> STREET, SUITE # 203

(PO Box not acceptable)

MIAMI, FLORIDA 33144

(City/State/Zip)

*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.*

  
NYDIA M. CASANAS (Signature)

01/12/2000  
(Date)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314