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LAZARUS CORPORATE FILING SERVI	CE, INC.		
(Requestor's Name)	_		
3320 S.W. 87th AVENUE		4000	0031154848
MIAMI, FLORIDA (305)552-597	·3	•	-01/31/0001028001
(City, State, Zip) (Phone #)			*****78.75 *****78.75
LOCAL REPRESENTATIVE TALLAHASS	EE	OFFICE USE ONLY	
CORPORATION NAME(S) & DOC 1. PRATIKAL HOR		BER(S) (if known):	NC.
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NEW FILINGS	AMENDM	ENTS	
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, Limited Liability	Change of Regist	ered Agent	8
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OTHER FILINGS				
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ARTICLES OF INCORPORATION

ASSOCIATION OF THE PROPERTY OF

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

The name of the corporation shall be: PRATIKAL HOME FURNITURE INC

ARTICLE II PRINCIPAL OFFICE

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

219 Washington Ave Homested, Fla 33033

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five (500) hundred shares one dollar (1) per value comon stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Marinalva Da Silva Soares 219 Washington Ave Homested, Fla 33033

ARTICLE V INCORPORATOR(S)

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

Marinalva Da Silva Soares
219 WashingtonAAve
Homested, Fla 33033

ARTICLE VI DIRECTOR(S)

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

Marinalva Da Silva Soares (President) 219 Washington Ave Homested, Fl 33033 Febronio Plasencio (Vice-President &) 219 Washington Ave Homested, Fl 33033 Secretary

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26 day of January , 2000 .

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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

The name and addre	ess of the re	gistered ag	ent and offic	e is:	
Marinalva Da Sil	va Soares				
4.	(NAME)			
219 Washington	Ave				
(P.O. BOX <u>N</u>	OT ACCEPT	ABLE)		

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.

SIGNATURE

DATE