

P000000029029

TRANSMITTAL LETTER

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

SUBJECT: Designer Discount Custom Furniture Inc.  
(Proposed corporate name - must include suffix)

4000003172424--4  
-03/16/00--01055--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is 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: Robert Weiser  
Name (Printed or typed)

1206 Stirling Rd  
Address

Dania Beach, FL 33004  
City, State & Zip

954 923 4229  
Daytime Telephone number

FILED  
00 MAR 16 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T BROWN MAR 22 2000

**ARTICLES OF INCORPORATION**

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

**ARTICLE I**

The name of the corporation shall be:  
Designer Discount Custom Furniture, Inc.

**ARTICLE II**

The principal place of business/mailing address is:  
1206A Stirling Rd. Dania Beach, FL 33004

**ARTICLE III**

The purpose for which the corporation is organized is:  
Sales of furniture

**ARTICLE IV**

The number of shares of stock is:  
100

**ARTICLE V**

President: Robert Weiser  
5403 Bayberry Lane  
Tamarac, FL 33319

Vice-president: Stanley Crisson  
417 N. W. 97 Ave.  
Plantation, FL 33324

**ARTICLE VI**

The registered agent is:  
Robert Weiser  
5403 Bayberry Lane  
Tamarac, FL 33319

**ARTICLE VII**

The incorporator is:  
Robert Weiser  
5403 Bayberry Lane  
Tamarac, FL 33319

.....  
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/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

**FILED**  
00 MAR 16 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-13-2000  
\_\_\_\_\_  
Date

3-13-2000  
\_\_\_\_\_  
Date