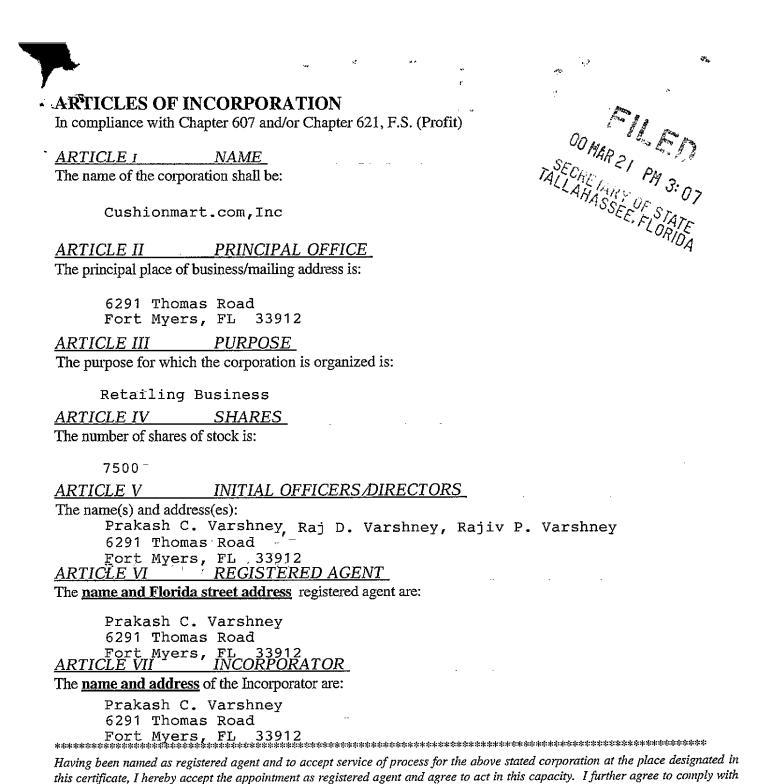
POOCASM TAL ETTE

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

800003177828--7 -03/21/00--01082--007 *****70.00 ******70.00

SUBJECT:	Cushionmart.com, Inc				
·		(Proposed corpo	orate name - must include suf	ffix)	
Enclosed is an	origina	al and one (1) copy of the artic	cles of incorporation and	a check for:	<u> </u>
\$70. Filing F		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Cop & Certificate Status DPY REQUIRE	of
FI	ROM:	Prakash C. Varshne (F	ey Printed or typed)		
		6291 Thomas Road			
941-267-8300, €x=			Address 3912 State & Zip Felephone number	TALLAHASSEE, FLORID	00 MAR 21 PM 3: 07

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



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