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TRANSMITTAL LETTER

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 corporate name - must include suffix)

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: Prakash C. Varshney
Name (Printed or typed)

6291 Thomas Road
Address

Fort Myers, FL 33912
City, State & Zip

941-267-8300, Ex-25
Daytime Telephone number

FILED
00 MAR 21 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T BROWN MAR 27 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Cushionmart.com, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6291 Thomas Road
Fort Myers, FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retailing Business

ARTICLE IV SHARES

The number of shares of stock is:

7500 -

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Prakash C. Varshney, Raj D. Varshney, Rajiv P. Varshney
6291 Thomas Road
Fort Myers, FL 33912

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Prakash C. Varshney
6291 Thomas Road
Fort Myers, FL 33912

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Prakash C. Varshney
6291 Thomas Road
Fort Myers, FL 33912

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.

Prakash C. Varshney
Signature/Registered Agent

Prakash C. Varshney
Signature/Incorporator

3/14/2000

Date

3/14/2000

Date

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00 MAR 21 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA