PECCOCO 63644

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

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SUBJECT:	Custom Upho	orate name - must include suffix)
Enclosed is an ori		es of incorporation and a check for:
☐ \$70.00 Filing Fee	\$78.75	S78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Mabel + Joseph Castellano Name (Printed or typed)		
125 n. Congres Hv.		
	Delkay Bu	och FL 33443 y, State & Zip
	$\frac{\left(561\right) 274-}{\text{Daytime}}$	47 44 07 (SG1) 30 2-9699 Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be:
The name of the corporation shan be.
The name of the corporation shall be: (US + OM Upholstery by Mabel Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
125 n. Congres Ar.
Delkoy Beach FL 334244
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 shares.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Mabel Castellano 6135 La Vido Terroze
Bora Raton El 33433
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
mabel Castellano -
1012 - La Vida Torroce
boro Raton FL 33437
mosel Costellon 6/26/00
Signature/Incorporator Date
<u>*</u>

(An additional article must be added if an effective date is requested.)

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

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