

TRANSMITTAL LETTER  
P0000089877

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

SUBJECT: Furniture Freight, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003401201--2  
-09/21/00--01103--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 Hoffman  
Name (Printed or typed)  
8405 Himes Avenue N.  
Address  
Tampa, FL 33614  
City, State & Zip  
(813) 935-0433 Fax: (813) 935-6156  
Daytime Telephone number

FILED  
00 SEP 21 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

9-25  
MC

# 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:

Furniture Freight, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8405 Himes Ave. N.  
Tampa, FL 33614

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New corporation

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Robert Hoffman (President)  
8405 Himes Ave. N.  
Tampa, FL 33614

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Robert Hoffman  
8405 Himes Ave. N.  
Tampa, FL 33614

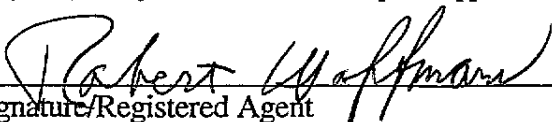
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Hoffman  
8405 Himes Ave. N.  
Tampa, FL 33614

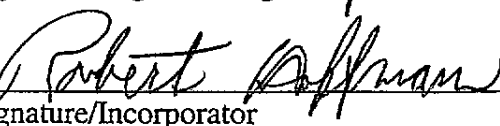
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

9/19/00

\_\_\_\_\_  
Date

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

9/19/00

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA