

TRANSMITTAL LETTER

PO00000111305

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

SUBJECT: MASTERCRAFT UPHOLSTERY INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003480155--0  
-11/29/00--01077--005  
\*\*\*\*\*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: FIONA MOHAMMED  
Name (Printed or typed)

9320 NW 34th COURT.  
Address

SUNRISE FLA. 33351.  
City, State & Zip

954-683-7273.  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 NOV 29 PM 2:41

FILED

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

12/4

**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:

MASTERCRAFT UPHOLSTERY INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9320 NW ~~34~~ 34th COURT.  
SUNRISE FLA. 33351.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

**ARTICLE VI REGISTERED AGENT**

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

FIONA MOHAMMED.  
9320 NW 34th Court.  
SUNRISE FLA 33351.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

FIONA MOHAMMED.  
9320 NW 34th Court.  
SUNRISE FLA. 33351.

\*\*\*\*\*

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

Fiona Mohammed  
Signature/Registered Agent

\_\_\_\_\_  
Date

Fiona Mohammed  
Signature/Incorporator

\_\_\_\_\_  
Date

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00 NOV 29 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA