TRANSMITTAL LETTER

P01000040931

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

		10	000406544 -04/25/0101002 *****70.00 ***	15 016 **70.00	
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM:	P.O. Day	inted or typed)	O1 APR 23 SECRETAR TALLAHASS	T	
	Tallahasse	Address E. H. State & Zip		ED 1: 35	
Daytime Telephone number					

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

BC/4/23

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	e e e e e e e e e e e e e e e e e e e
FURNITURE CONCEPTS FOR LES:	S, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	/ .
P.O. BOX 15455, TALLAHASSEE,	FC 32-317
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
FOR WEB SITE	APR 2
ARTICLE IV SHARES The number of shares of stock is:	OT APR 23 PH 4: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):	FA SI
K. Glener Cato, pris. P.O. Boy 15455, Tallahassec, F/	
P.O. Boy 15455, Tallahassec, FI	32317
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
K G leve Costo	
3711 LONGChamp Cer, Tallahassot, FI	32308
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
·	33317
**************************************	*********
laving been named as registered agent to accept service of process for the above stated corpertificate, I am familiar with and accept the appointment as registered agent and agree to ac	
KOylenle Osto	4-23-01
ignature/Registered Agent	Date
K Glen Cats	4 23-01
ignature/incorporator	Date