

TRANSMITTAL LETTER

P0100059149

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

SUBJECT: House of Reynolds Contemporary Designs Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200004396942--5
-06/11/01--01074--004
*****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: SOPHIA HAYLE
Name (Printed or typed)

5084 CLOUSE RD
Address

West Palm Bch, FL 33417
City, State & Zip

561 642-1001
Daytime Telephone number

01 JUN 11 AM 8:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BS
6/14/01

Attention: Pam Smith
P. Sophia Hayle

This is a written request for a
CHANGE of NAME: please change from
REYNS Contemporary Designs, Inc.

↓
to.

House of REYNS Contemporary Designs, Inc.

Thank You.
Sophia Hayle

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:

HOUSE OF BEYNS CONTEMPORARY DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 5084 CLOUZE RD
WEST PALM BCH FL 33417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Furniture Retail

ARTICLE IV SHARES

The number of shares of stock is: 1 SHARE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): SOPHIA HAYLE-CEO
5084 CLOUZE RD
WEST PALM BCH, FL 33417.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: SOPHIA HAYLE
5084 CLOUZE RD
WEST PALM BCH, FL 33417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: SOPHIA HAYLE
5084 CLOUZE RD
WEST PALM BCH FL 33417

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

Sophia Hayle SOPHIA HAYLE
Signature/Registered Agent

6/1/01
Date

Sophia Hayle
Signature/Incorporator
SOPHIA HAYLE

10/1/01
Date

FILED
01 JUN 11 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA