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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

FURNITURE MAGIC, INC.

Certificate of Status	0
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AUG-03-2001 14:30

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ARTICLES OF INCORPORATION
OF
FURNITURE MAGIC, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby associates itself to form a corporation under the laws of the State of Florida.

ARTICLE I

NAME: The name of this corporation is:
FURNITURE MAGIC, INC.

ARTICLE II

PURPOSES AND POWERS: The general nature of business to be transacted by the corporation is as follows:

1. The corporation may engage in any activity of business which is permitted under the laws of the State of Florida.

2. And in general, to carry on any other business whatsoever in connection with the foregoing or which is calculated, directly or indirectly, to promote the interest of the corporation or to enhance the value of its properties.

Prepared by:

Law Office of
NORMAN S. LEVIN, P.A.
1120 South Federal Highway, Suite 2
Fort Lauderdale, FL 33316

3. And, further, to borrow or raise money for any purposes of the company, and to secure the same interest, or for other purposes, to mortgage all or part of the property corporeal or incorporeal rights or franchise of this company now owned or hereinafter acquired, and to create, issue, draw and accept and negotiate bonds and mortgages, bills or exchange, promissory notes or other obligations or negotiable instruments.

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ARTICLE III

CAPITALIZATION: The maximum number of shares of stock this corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) shares of common stock, having par value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV

INITIAL CAPITAL: The amount of capital with which this corporation will begin business is FIVE HUNDRED AND NO/100 (\$500.00) DOLLARS.

ARTICLE V

PRINCIPAL PLACE OF BUSINESS: FURNITURE MAGIC, INC. shall have its principal place of business at 9896 N.W. 54th Place, Coral Springs, Broward County, FL 33076.

The Board of Directors may, from time to time, move the principal office to any other office within the State of Florida, as the said corporation may desire.

ARTICLE VI

DIRECTORS: This corporation shall have two (2) directors initially; the number of Directors may be increased from time to time by the laws adopted by the stockholders, but shall never be less than one (1).

ARTICLE VII

DIRECTORS: The name and address of the first Board of Directors of these Articles of Incorporation are as follows:

Ronald Lipka, President, Secretary
9358 Aegean Drive
Boca Raton, FL 33496

Philip H. Dickman, Vice President
9896 N.W. 54th Place
Coral Springs, FL 33076

The name and address of the original officers are as follows:

Ronald Lippa, President, Secretary
9358 Aegean Drive
Boca Raton, FL 33496

Philip H. Dickman, Vice President
9896 N.W. 54th Place
Coral Springs, FL 33076

ARTICLE VIII

INCORPORATORS AND SUBSCRIBERS: The Incorporator and Subscriber to all of the capital shares of the corporation shall be as follows:

Ronald Lippa, President, Secretary
9358 Aegean Drive
Boca Raton, FL 33496

Philip H. Dickman, Vice President
9896 N.W. 54th Place
Coral Springs, FL 33076

AMENDMENT: These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholder's meeting by a majority of the stockholders entitled to vote thereon.

ARTICLE IX

REGISTERED AGENT: That NORMAN S. LEVIN, P.A., 1120 South Federal Highway, Suite #2, Fort Lauderdale, Florida 33316, is hereby named Registered Agent for this corporation to be its agent and to accept service of process within the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for FURNITURE MAGIC, INC., at the place designated in this Article, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.



NORMAN S. LEVIN for
NORMAN S. LEVIN, P.A.
Registered Agent

STATE OF FLORIDA

SS:

COUNTY OF BROWARD

I HEREBY CERTIFY that on this day before me, a Notary Public, duly authorized in the State and County named above, to take acknowledgments, personally appeared, NORMAN S. LEVIN for NORMAN S. LEVIN, P.A., to me known to be the person who subscribed to the forgoing Articles of Incorporation, and he acknowledged to me that he did subscribe hereto for the uses and purposes therein mentioned and set forth.

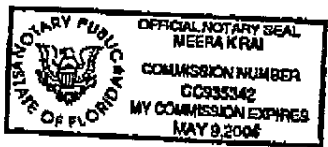
WITNESS my hand and official seal in the State and County above set forth this

3 day of Aug, 2001.



NOTARY PUBLIC, State of Florida

My commission expires:



I, THE UNDERSIGNED, being the original Subscriber to the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do hereby name, subscribe, acknowledge and file this Certificate, hereby declaring and certifying that the facts herein stated are true and accordingly have hereunto set my hand and seal this 3 day of Aug, 2001.

Ronald Lipa
RONALD LIPPA

STATE OF FLORIDA

SS:

COUNTY OF BROWARD

I HEREBY CERTIFY that on this day before me, a Notary Public, duly authorized in the State and County named above, to take acknowledgments, personally appeared, RONALD LIPPA, to me known to be the person who subscribed to the foregoing Articles of Incorporation, and he acknowledged to me that he did subscribe hereto for the uses and purposes therein mentioned and set forth.

WITNESS my hand and official seal in the State and County above set forth this 3 day of Aug, 2001.

[Signature]
NOTARY PUBLIC, State of Florida

My commission expires:



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I, THE UNDERSIGNED, being the original Subscriber to the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do hereby name, subscribe, acknowledge and file this Certificate, hereby declaring and certifying that the facts herein stated are true and accordingly have hereunto set my hand and seal this 3 day of Aug, 2001.

Philip H. Dickman
 PHILIP H. DICKMAN

STATE OF FLORIDA

SS:

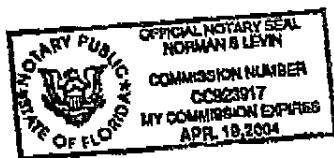
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day before me, a Notary Public, duly authorized in the State and County named above, to take acknowledgments, personally appeared, Philip H. Dickman, to me known to be the person who subscribed to the foregoing Articles of Incorporation, and he acknowledged to me that he did subscribe hereto for the uses and purposes therein mentioned and set forth.

WITNESS my hand and official seal in the State and County above set forth this 3 day of Aug, 2001.

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My commission expires:



[Signature]
 NOTARY PUBLIC, State of Florida

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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