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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839

Fax Number : (305)716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

UPHOLSTERY BY GIL CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLE OF INCORPORATION

OF

UPHOLSTERY BY GIL CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: UPHOLSTERY BY GIL CORP.

The principal place of business of this corporation shall be:
4228 SW. 75 AVE.
Miami, FL 33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

OSMANI GIL
6019 SW. 128 CT.
Miami, Fl. 33183

DIRECTOR .

NERIDA GIL
3075 SW. 19 ST.
Miami, Fl. 33145

DIRECTOR

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

OSMANI GIL
6019 SW. 128 CT.
Miami, Fl. 33183

PRESIDENT (50 shares)

NERIDA GIL
3075 SW. 19 ST.
Miami, FL 33145

SECRETARY & TREASURER (50 shares)

The undersigned has (have) executed these Article of Incorporation this 25 th. day of October, 2001

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:_____

UPHOLSTERY BY GIL CORP.

2. The name and address of the registered agent and office is_____

OSMANI GIL

(Name)

6019 SW. 128 CT.

(P. O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33183

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

10-25-01

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