

TRANSMITTAL LETTER  
P01000118532

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

000004676440--3  
-11/13/01--01048--024  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Jim's Custom Installation of Furniture, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for: NOTE: SENT CHECK - w/ 1st Form. 11/14/01  
(PAID ALREADY)

☐ \$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: James Anthony Tufford  
Name (Printed or typed)

120 Lehan Terrace #317  
Address

NORTH Palm Beach, FL 33408  
City, State & Zip

(561) 889-7155  
Daytime Telephone number

FILED  
DEC 14 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

D. BROWN DEC 14 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 14, 2001

JAMES ANTHONY TUFFORD  
120 LEHANE TERRACE, #317  
NORTH PALM BEACH, FL 33408

SUBJECT: JIMS CUSTOM INSTALLATIONS OF FURNITURE, INC.  
Ref. Number: W01000026197

We have received your document for JIMS CUSTOM INSTALLATIONS OF FURNITURE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name of the entity must be identical throughout the document.

YOU HAVE A DIFFERENT NAME ON YOUR TRANSMITTAL LETTER WHICH READS JIMS CUSTOM INSTALLATIONS/FURNITURE INC., WHICH NAME IS IT. THE CELL PHONE NUMBER YOU GAVE, THE PERSON THAT ANSWERED IT DIDN'T KNOW YOU. YOU NEED TO LIST JUST THE OFFICER/DIRECTOR IN ARTICLE V.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 801A00061523

# 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:

JIMS CUSTOM INSTALLATION OF FURNITURE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

120 LEHANE TERRACE #317  
NORTH PALM BEACH, FL  
33408

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTALLATION OF CUSTOM FURNITURE

## ARTICLE IV SHARES

The number of shares of stock is:

2

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JAMES A. TUFFORD

## ARTICLE VI REGISTERED AGENT

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

JAMES ANTHONY TUFFORD  
120 LEHANE TERRACE #317  
NORTH PALM BEACH, FL 33408

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES A. TUFFORD  
120 LEHANE TERRACE #317  
NORTH PALM BEACH, FL 33408

\*\*\*\*\*

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

James A. Tufford (James A. TUFFORD)  
Signature/Registered Agent

12/10/01  
Date

James A. Tufford (James A. TUFFORD)  
Signature/Incorporator

12/10/01  
Date

FILED  
01 DEC 14 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA