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EXPRESS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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-02/20/02--01003--023

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MAZER ASSOCIATES FURNITURE INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
02 FEB 20 AM 10:52  
DIVISION OF CORPORATION

FILED  
02 FEB 20 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator of a Corporation under Florida General Corporation Act, adopts the following Article Incorporation for such Corporation:

1. NAME: The name of the Corporation is MAZER ASSOCIATES FURNITURE INC.
2. DURATION: The period of its duration is perpetual.
3. PURPOSE: The purpose is to engage in any activities of business permitted under the laws of the United States of America and the State of Florida.
4. CAPITAL STOCK: The corporation is authorized to issue 1000 shares at \$1.00 par value.
5. INITIAL REGISTERED OFFICE AND AGENT: The name and address of the initial Registered Agent and Office are as follows:  
Registered Agent: RHODES MAZER  
Office Address: 11930 NORTH BAYSHORE DR.  
# 1103  
NORTH MIAMI FL 33181
6. INITIAL BOARD OF DIRECTORS: The initial Board of Directors shall be comprised of TWO Director(s) initially. The number of Directors may be either increased or decreased from time to time by an amendment of the Bylaws of the Corporation in the manner provided by law, but shall never be less than ONE (1). The name and address of the initial Director(s) of this Corporation is/are:

(1) RHODES MAZER  
11930 NORTH BAYSHORE DR., # 1103  
NORTH MIAMI FL 33181

(2) MANON MAZER  
11930 NORTH BAYSHORE DR., #1103  
NORTH MIAMI FL 33181

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02 FEB 20 1985  
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TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION  
(continued)

7. INCORPORATOR: The name and address of the Incorporator signing these Article of Incorporation is:

RHODES MAZER  
11930 NORTH BAYSHORE DR., # 1103  
NORH MIAMI FL 33181

8. DATE OF INCORPORATION: The formation of the Corporation shall be effective as of the date of execution and acknowledgment hereof or as soon as possible after the date of execution and acknowledgment hereof.

IN WITNESS WHEREOF, the undersigned incorporator has executed these ARTICLE OF INCORPORATION this 19 day of FEBRUARY 2002

  
\_\_\_\_\_

CERTIFICATE DESIGNATING REGISTERED OFFICE FOR  
SERVICE OF PROCESS WITHIN THE STATE OF  
FLORIDA, AND NAMING THE REGISTERED AGENT  
UPON WHOM PROCESS MAY BE SERVED.

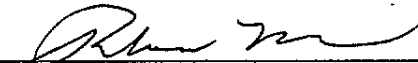
In compliance with section 48.091 and 607.034, Florida Statutes (1979), the following is submitted.

1. That MAZER ASSOCIATE FURNITURE INC.  
desiring to qualify under the laws of the State of  
Florida, with its principal place of business at  
11930 NORTH BAYSHORE DR. #1103 NORTH MIAMI FL 33181  
has appointed RHODES MAZER as its Register Agent to accept  
service of process within the state of Florida.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above named Corporation at the place designated above, I DO HEREBY AGREE TO ACT in this capacity and agree to comply with the provisions of all the Statutes relative to the proper and complete performance of my duties.

Dated this 19 day of FEBRUARY, 2002

  
\_\_\_\_\_  
REGISTERED AGENT

**FILED**  
02 FEB 20 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA