P0200050041

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



	FURNTUPES INC.
•	PRPORATE NAME - MUST INCLUDE SUFFIX) OR MAY - 6 If the articles of incorporation and a check for: OR MAY - 6 FILE O
Enclosed are an original and one (1) copy of	f the articles of incorporation and a check for:
Filing Fee State & Certificate of State	\$78.75 \$87.50 Filing Fee, Filing Fee,
FROM: STERN N	Name (Printed or typed)
4321 N	SE 2ND AVENUE Address
Pompan	O BCHFL33064 City, State & Zip
954-	274-0438 Paytime Telephone number
	8000054806188 7 -05/07/0201028001

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

AUTHORIZATION BY PHONE TO
CORRECT OF TO
DATE 5/6
DOC. EXAM BC

76/16/2

*****87.50 *****87.50

ARTICLES OF INCORPORATION		021 SEI TALI
In compliance with Chapter 607 and/or Chapter 621	, F.S. (Profit)	F CRET
ARTICLE I NAME The name of the corporation shall be:		FILED 02 MAY -6 PM SECRETARY OF TALLAHASSEE. F
STER	IN FURNITURE	SANE.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
4-3:	MPANO BUH FL	ENUÉ.
The purpose for which the corporation is organized	is:	,
SÉL	LING HOME AND	OFFICE
ARTICLE IV SHARES The number of shares of stock is:	. =	turn wres
ARTICLE V INITIAL OFFICERS/DIRECT The name(s), address(es) and title(s):	TORS (optional)	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:		
	STERN, MARK E 4321 NE 2 ND AUENU Pombano BCH FL 3301	É 54
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	STERN, MARK E 4321 NE 2 ND AUENU POMPANO BLH FL 330	E
**************		•
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 farailiar with and accept the appointment as registered agent and agree to act in this capacity		
AMark	04-30	0-02
Signature/Registered Agent	Dat	te

Signature/Incorporator

04-30-02 Date