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TRANSMITTAL LETTER

FILED  
02 AUG - 2 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

100006867651--8  
-08/02/02--01014--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Home FURNITURE SOLUTION INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

SUNSHINE ACCOUNTING  
Name (Printed or typed)

1925 E 4TH AVE #2  
Address

HIALEAH FL 33010  
City, State & Zip

305 884-8786  
Daytime Telephone number

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

SE  
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**Articles of Incorporation  
Of  
Name**

**HOME FURNITURE SOLUTION INC.**

The name of the Corporation is **HOME FURNITURE SOLUTION INC.**  
hereinafter referred to as the "Corporation."

**II.  
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the United States, State of Florida, or any other state or territory.

**III.  
Principal Office and Registered Agent**

The Office of the Corporation is: **3500 NW 115 AVE MIAMI, FLORIDA 33178**. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is:  
**JOSE ALFREDO DE LEON 3500 NW 115 AVE MIAMI, FLORIDA 33178.**

**IV.  
Duration**

The duration of the Corporation shall be perpetual.

**V.  
Initial Business**

The initial business of the Corporation shall be **FURNITURE STORE**

**VI.**  
**Capital Stock**

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is **600 SHARES**, each share to have a par value of **\$1.00**.

**VII.**  
**Incorporators**

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
<b>JOSE ALFREDO DE LEON</b>	<b>3500 NW 115 AVE MIAMI, FLORIDA . 33178</b>

**VIII.**  
**Directors**

The number of directors constituting the initial Board of Directors of the Corporation is: ONE. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
<b>JOSE ALFREDO DE LEON</b>	<b>3500 NW 115 AVE MIAMI, FLORIDA 33178</b>

**IX.**  
**No Personal Liability**

The private property of the stockholders shall not be subject to the payment of corporate debts.

**X.**  
**Operating Provisions**

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 30 day of July, 2002.

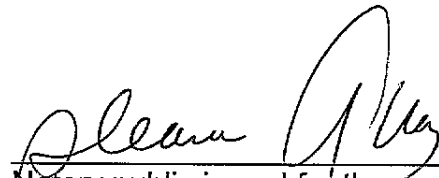
  
\_\_\_\_\_  
**JOSE ALFREDO DE LEON**

State of **Florida**

County of **DADE**

BEFORE ME, the undersigned authority, on this day personally appeared **JOSE ALFREDO DE LEON**, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 30 day of July, 2002.

  
\_\_\_\_\_  
Notary public in and for the  
State of FLORIDA

My Commission Expires:



**Heana Gomez**  
Commission # **CC 940233**  
Expires **May 29, 2004**  
Bonded Thru  
**Atlantic Bonding Co., Inc.**

**FILED**  
02 AUG -2 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE 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: **HOME FURNITURE SOLUTION INC.**
2. The name of the registered agent and office is: **JOSE ALFREDO DE LEON**

Having been named as a registered agent and to accept service of process for the above corporation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

  
**JOSE ALFREDO DE LEON**

July 30 - 2002  
DATE