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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0381

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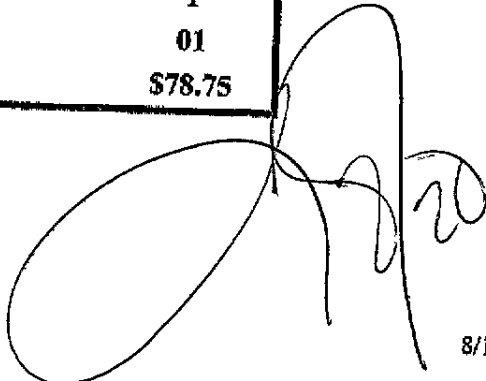
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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02 AUG 19 PM 4:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

AB ITALIAN FURNITURE WHOLESALERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75



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:

AB ITALIAN FURNITURE WHOLESALERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5783 SW 40 STREET STE. 145
MIAMI, FLORIDA 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALE FURNITURE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PRISIDENT -	ELOY J FERNANDEZ
VICE-PRESIDENT @ SECRETARY	ALBERTO MARTINEZ
5783 SW 40 STREET STE. 145	
MIAMI, FLORIDA 33155	

ARTICLE VI REGISTERED AGENT

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

ELOY J FERNANDEZ
5783 SW 40 STREET STE. 145
MIAMI FLORIDA, 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELOY J FERNANDEZ
5783 SW 40 STREET STE. 145
MIAMI, FL 33155

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

Signature/Registered Agent

08-18-2002

Date

Signature/Incorporator

08-18-2002

Date

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