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

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

FILED
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

8/19/02 3:16 PM

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AB ITALIAN FURNITURE WHOLESALERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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