

PD2000118360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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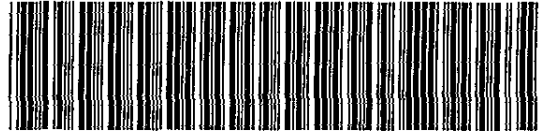
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02 NOV -4 AM 11: 57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Handwritten signature/initials

TRANSMITTAL LETTER

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

SUBJECT: BEST HOME ACCENTS, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: CALVIN C. LOGAN, JR.
Name (Printed or typed)

5602 N. 50TH ST.
Address

TAMPA, FL 33610

(813) 626-6138

Daytime Telephone number

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

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:

BEST HOME ACCENTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5100 BURCHETTE RD. #2801
TAMPA, FL 34207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL - HOME ACCESSORIES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

TONY CHANG -PRESIDENT/SECRETARY/DIRECTOR
5100 BURCHETTE RD. #2801
TAMPA, FL 34207

ARTICLE VI REGISTERED AGENT

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

CALVIN C. LOGAN, JR.
5602 N. 50TH ST.
TAMPA, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CALVIN C. LOGAN, JR.
5602 N. 50TH ST.
TAMPA, FL 33610

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

Calvin C Logan
Signature/Registered Agent

10/31/02
Date

Calvin C Logan
Signature/Incorporator

10/31/02
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA