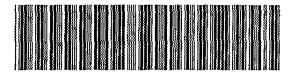
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(Re	questor's Name)	<u> </u>
(Add	dress)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	<u>.</u>	





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SECRETARY OF STATE
AND ASSEE FLORIDA

10/10

TRANSMITTAL LETTER

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

SUBJECT: YOUR FAWTASY FURNITURE inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

□ \$70.00 □ \$78.75 □ \$78.75 □ \$87.50
Filing Fee Filing Fee Filing Fee,
& Certificate of Status & Certified Copy Certified Copy

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

Status
ADDITIONAL COPY REQUIRED

& Certificate of

FROM:

TERRY STETKEM

Name (Printed or typed)

7216 N DALE MABR

Address

TAMPA FL 33614
City, State & Zip

813- 404 -0358 Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit	OS FILED MEGASTAS AN 1:50 O ITURE INFRESTAS
ARTICLE I NAME The name of the corporation shall be:	TALLARIAN AND
YOUR FANTASY FURN	SITURE INERS
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	-4
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	LE MABRY HWY.
CORP FOR F	PROFIT
ARTICLE IV SHARES The number of shares of stock is: 500	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optimized name(s), address(es) and title(s):	<u>ional</u> j
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	JERRY STETHEM
	7216 N DALE MIRROL
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	TAMPA FL. 33614
TAMPA FL. JERRY ST. 33614 7216 N. DA	LE MABRY
**************************************	bove stated corporation at the place designated in this
Signature/Registered Agent	12-14-02 Date
Signature/Inemporator	12-14-02 Date