

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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06/04/03--01078--008 **78.75



TRANSMITTAL LETTER

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

SUBJECT:	Gail M. Youn			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLX)				
Enclosed are an ori	ginal and one (1) copy of the article of \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Gall M. Jourg Name (Printed or typed) 8394 Hekulas E Chur DRWE Address Libud Palm Road II 33412				
City, State & Zip? Lol- (0) 2-3333 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) <u>ARTICLE I</u> NAME The name of the corporation shall be: Interiors. Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2294 HEKHAGE CLUB DRWE Herdone florioa 33412 east, The purpose for which the corporation is organized is: Decorating ARTICLE IV SHARES The number of shares of stock is: no par value INITIAL OFFICERS/DIRECTORS (optional) ARTICLE V The name(s), address(es) and title(s): Gail Young 8384 Heritage Club Drive West Palm Beard, Il. 33412 REGISTERED AGENT The name and Florida street address of the registered agent is: INCORPORATOR The name and address of the Incorporator is: Herdage Chus DRIVE Beach, Fl. 33412 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

Signature/Incorporator