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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 TALLAHASSEE, FLORID

03 SEP 22 AM 9: 17

FLORIDA PROFIT CORPORATION OR P.A.

PALM BEACH FURNITURE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing.

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ARTICLES OF INCORPORATION

BALM BEACH FURNITURE SERVICES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: MAIN BEACH FURNITURE SERVICES, INC.

The principal place of business of this corporation shall be: 5853 SE PINE DRIVE, STEART, PL 33497.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 SHARES OF \$ 1.00 EACH

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

SHANNON BRAZEE 5853 SE PING-DR. STUART, FL 33404

ARTICLE VI INCORPORATORIS

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

SHANNON BRAZEE 5853 SE FINE DRIVE, STIART, FL 33497

in Witness Whereof, the undersigned incorporator(s) has (have) executed these Articles of incorporation this.

22nd day of September, 2005

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

2. The name and address office is:	of the registered agent and
SHANNON BRAZEE 5853 SE	PINE DRIVE
(P.O. BOX	(NOT ACCEPTABLE)
SHART, FLORIDA	x 33497
HAVING BEEN NAMED TO AC ABOVE STATED CORPORATION, CERTIFICATE, I HEREBY AGREE FURTHER AGREE TO COMPLY W	SIGNATURE SIGNATURE TITLE INCORPORATOR 22 SEP. 22, 2003 CEPT SERVICE OF PROCESS FOR THE L. AT THE PLACE DESIGNATED IN THIS E TO ACT IN THIS CAPACITY, AND I NITH THE PROVISIONS OF ALL STATUTES ND COMPLETE PERFORMANCE OF MY DUTIES AND OBLIGATIONS OF SECTION