P040000/6808

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

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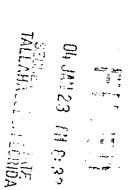
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TRANSMITTAL LETTER

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

SUBJECT:	NOSTALGIA	DESIGN, Ir	K.	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed is an origin	nal and one(1) copy of the artic	cles of incorporation and a	check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
Ann Moore Name (Printed or typed) 5428 Crofton Ct. Address				
				Tallahassee, FL 32317 City, State & Zip
	0 - 0 -			

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: NOSTALGIA DESIGN, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2756 Capital Circle N.E. Tallahassee, FL 32308 ARTICLE III The purpose for which the corporation is organized is: New + Used Furniture + Gifts ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Moore President 75428 crotton Ct. Moore Vice President / Tallahassee FL Moore ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Ann Moore 5428 Crofton Ct. Tallahassee Fr INCORPORATOR The name and address of the Incorporator is: 5428 Crofton Ct. Tallahassee, Fr. 32317 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/Incorporator