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TRANSMITTAL LETTER

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

SUBJECT:Ë	UKOPEAN GALL	ERIES IN	CORPORATE	
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	La check for:	
	o (·/		_	
\$70.00	\$78.75	\$78.75	⊠ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		Status ADDITIONAL COPY REQUIRED		
		ADDITIONAL COLL REQUIRED		
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		i		
FROM:	SANDRA LI	EE WIKE		
Name (Printed or typed)				
•	Address			
	MAITLAND, FIC	DRIDA 327	151 <u> </u>	
	City, State & Zip			
	707-448-3314			
	40'7-6	91-0033		
	l'extima	Lalantiona number		

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

2/19/05 - New Name listed Thank you. Sendre wron

> FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 11, 2005

SANDRA LEE WISE 140 MINNEHAHA RD MAITLAND, FL 32751

SUBJECT: EUROPEAN GALLERIES INCORPORATED

Ref. Number: W05000007484

RECEIVED
05 FEB 23 WILLI

We have received your document for EUROPEAN GALLERIES INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 205A00009919

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: EUROPEAN RECLINER SHOWROOMET PRINCIPAL OFFICE The principal place of business/mailing address is: ,501 N. ORLANDO AUE StE, # 139 WINTER PARK, FIA. 32789 ARTICLE III PURPOSE The purpose for which the corporation is organized is ANY AND ALL LAWTUL BUSINESS. ARTICLE IV 100 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): SANDRA WISE, 140 MINNEHAHA ROAD, MATLAND, FL. 32751 - PACS/U.P. MARVIN GOLDEN, 140 MINNEHAHA ROAD, MAITEMED FL. 32751 - Secretai DOWN GOLDEN, 140 MINNEHAHA ROAD, MITLAND, FI. 32751 - TREASURE REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SANDRA WISE 140 MINNEHAHA ROAD MLTLAND, FI. 32751 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SANDRA WISE IHO MINNEHAHA ROAD MAITLAND, II. 32751 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 2-1-05 Date

Signature/Incorporator