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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071,001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A

#### MURPHY BED SERVICES INC.

Certificate of Status	0
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#### ARTICLE OF INCORPORATION

OF

MURPHY BED 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: MURPHY BED SERVICES INC.

The principal place of business of this corporation shall be:
641 E. 35 ST.
HIALEAH, FL. 33013

#### ANTICLE II HATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, 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 par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$ 

#### 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) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

RAUL A. RODRIGUEZ

D1 RECTOR

641 E. 35 ST. HCALEAN, FL. 33013

ARIEL RODRIGUEZ

DIRECTOR

641 E. 35 ST. HIALKAN, FL. 33013

#### ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

RAUL A. RODRIGUEZ

PRESIDENT

( 50 shares )

641 E. 35 ST.

HIALEAH, FL. 33013

ARIEL RODRIGUEZ

641 E. 35 ST.

HIALEAH, FL. 33013

SECRETARY & TREASURER ( 50 shares )

The undersigned has (have) executed these Article of Incorporation this \_\_\_\_\_\_, 20 05 \_\_.

Signature/Title

Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE	
Pursuant to the provisions of sections 607.0501 or 617.0501.  Florida Statutes, the undersigned corporation, organized the understand the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.	
1. The name of the corporation is:	
MURPHY BED SERVICES INC.	
2. The name and address of the registered agent and office is RAUL A. RODRIGUEZ  (Name)  641 E. 35 ST.	
(P. O. BOX NOT ACCEPTABLE)	
HIALEAH, FLORIDA 33013	
(CITY/STATE/ZIP)	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.  SIGNATURE	