

PO5000118311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

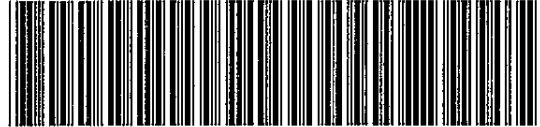
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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 AUG 24 AM 9:02

FILED

8/25/05

## TRANSMITTAL LETTER

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

SUBJECT: Caster's Office Furniture, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Helen Wages-Duggan  
Name (Printed or typed)

1090 St. George Rd  
Address

Merritt Island, FL 32952  
City, State & Zip

321-432-6948  
Daytime Telephone number

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

ARTICLES OF INCORPORATION  
OF  
CASTER'S OFFICE FURNITURE, INC.

FILED  
05 AUG 24 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

THE NAME OF THIS CORPORATION IS

CASTER'S OFFICE FURNITURE, INC.

**ARTICLE II TERM OF CORPORATE EXISTENCE**

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED  
ACCORDING TO LAW AND SUCH EXISTENCE SHALL COMMENCE AT THE  
TIME OF FILING OF THESE ARTICLES OF INCORPORATION BY THE  
DEPARTMENT OF STATE.

**ARTICLE III CORPORATE PURPOSE**

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OF BUSINESS  
PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF  
FLORIDA.

**ARTICLE IV AUTHORIZED SHARES**

THE AGGREGATE NUMBER OF SHARES, WHICH THE CORPORATION SHALL  
HAVE THE AUTHORITY TO ISSUE, IS 100 SHARES OF COMMON STOCK WITH  
A \$1.00 PAR VALUE PER SHARE.

**ARTICLE V PREEMPTIVE RIGHTS**

EVERY SHAREHOLDER, UPON SALE FOR CASH OF ANY NEW STOCK OF  
THIS CORPORATION OF THE SAME KIND, CLASS OR SERIES AS THAT  
WHICH HE/SHE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE  
HIS/HER PRO-RATA SHARE THEREFORE AT THE SAME PRICE AT WHICH IT  
IS OFFERED TO OTHERS.

## **ARTICLE VI REGISTERED AGENT**

THE INITIAL REGISTERED OFFICE OF THE CORPORATION IS LOCATED AT 467 FORREST AVE. SUITE 124, COCOA, FLORIDA 32922. THE INITIAL REGISTERED AGENT IS:

HELEN WAGES-DUGGAN

## **ARTICLE VII DIRECTORS**

THE BUSINESS OF THE CORPORATION SHALL BE MANAGED BY A BOARD OF DIRECTORS CONSISTING OF NOT FEWER THAN ONE PERSON, THE EXACT NUMBER TO BE DETERMINED FROM TIME TO TIME IN ACCORDANCE WITH THE BY LAWS.

THE NAME AND ADDRESS OF THE PERSONS WHO SHALL SERVE AS DIRECTORS UNTIL THE FIRST MEETING OF SHAREHOLDERS OR UNTIL HIS/HER SUCCESSOR IS ELECTED AND QUALIFIED IS/ARE AS FOLLOWS:

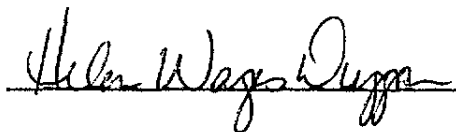
HELEN WAGES-DUGGAN, 1090 ST. GEORGE RD., MERRITT ISLAND, FL 32952

## **ARTICLE VIII INCORPORATORS**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

HELEN WAGES-DUGGAN  
1090 ST. GEORGE RD.  
MERRITT ISLAND, FL 32952

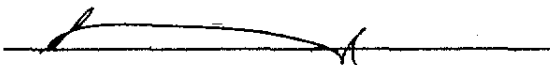
IN WITNESS WHEREOF, THE UNDERSIGNED BEING THE ORIGINAL INCORPORATOR OF THE CORPORATION HAS EXECUTED THESE ARTICLE OF INCORPORATION, ON THE 23<sup>rd</sup> DAY OF AUGUST 2005.

\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF BREVARD

I HEREBY CERTIFY THAT ON THIS DAY PERSONALLY APPEARED BEFORE ME THE UNDERSIGNED AUTHORITY, HELEN WAGES-DUGGAN, TO ME WELL KNOWN AND WELL KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGE BEFORE ME THAT SHE EXECUTED THE SAME FREELY AND VOLUNTARILY FOR THE PURPOSES THEREIN SET FORTH AND EXPRESSED.

IN WITNESS WHEREFORE, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY OFFICIAL SEAL THIS 23rd DAY OF August 2005.



Stefanka Legrand  
My Commission DD120108  
Expires June 15, 2006

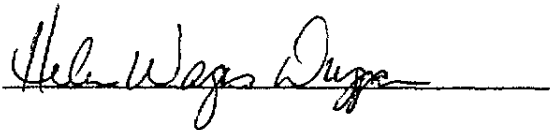
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED**

IN PURSUANCE OF CHAPTER 48.091, FLORIDA STATUTES, THE FOLLOWING  
IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

CASTER'S OFFICE FURNITURE, INC. DESIRING TO ORGANIZE UNDER THE  
LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL OFFICE AS  
INDICATED IN THE ARTICLES OF INCORPORATION, IN THE CITY OF COCOA,  
COUNTY OF BREVARD, HAS NAMED HELEN WAGES-DUGGAN AS ITS  
AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

**ACKNOWLEDGEMENT:**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNED IN THIS CERTIFICATE, I  
HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE  
PROVISION OF SAID ACT RELATIVE TO KEEPING SAID OFFICE OPEN



**FILED**  
05 AUG 24 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA