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H05000245937

ARTICLES OF INCORPORATION
OF
ANTIQUES FOREVER, INC.

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

ARTICLE I NAME

The name of the corporation
GREIG GARCIA
ARTICLE II PRINCIPAL OFFICE

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

143 TARPIN AVENUE
TARPIN SPRINGS, FL 34689

ARTICLE III CAPITAL STOCK

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is (are)

GREG GARCIA
143 TARPIN AVENUE
TARPIN SPRINGS, FL 34689

FT. LAUDERDALE, FL 33315

ARTICLE V INCORPORATOR(S)

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

GREG GARCIA
143 TARPIN AVENUE
TARPIN SPRINGS, FL 34689

The undersigned has this 17th OCTOBER, 2005.

SIGNATURE

DATE

10/17/05

FILED
05 OCT 18 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TOTAL P.03

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under 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:
ANTIQUES FOREVER, INC.

2. The name and address of the registered agent is:

GREG GARCIA
143 TARPIN AVENUE
TARPIN SPRINGS, FL 34689

Greg Garcia

SIGNATURE _____
(corporate officer)

TITLE : PRESIDENT

DATE 10/17/08

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 10/17/08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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