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ORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
NEW FLORIDA U	PHOLSTERY
(Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS
Profit	
Not for Profit	Amendment Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
	Reinstatement
·	Trademark Other
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#### ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 shall be:

NEW FLORIDA UPHOLSTERY

- INC.

### **ARTICLE II - PRINCIPAL OFFICE**

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

2049 NW 27 AVE 33142 MIAMI FC. ARTICLE III-SHARES

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

100

# **ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JAHZIE FIGUEREDO 2245 NW 4 TERRACE 33125 MIAMI F/.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### <u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

TAHZIEI FIGUEREDO 2245 NW 4 TERRACE 2245 NW 4 TERRACE
33125 MIAMI FL
The undersigned incorporator has executed these Articles of

Incorporation this day of

ARTICLE VI- DIRECTOR (S)

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

TAhziel FIGUEREDO: PRESIDENT

## <u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE</u>

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature