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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CONSIGNMENT FURNITURE, ETC., 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SHEILA A. WILSON
Name (Printed or typed)

2721 TURNBULL ESTATES DR.
Address

New Smyrna Beach, FL 32168
City, State & Zip

386-428-4177
Daytime Telephone number

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

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:

CONSIGNMENT FURNITURE, ETC., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2117 South Ridgewood
Edgewater, FL 32141
(PRINCIPAL PLACE OF BUS.)

1411 CALIBAN COURT
New Smyrna Beach, FL 32168
(Temporary MAILING ADDRESS)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSIGNMENT SHOP and/or for lawful business

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SHEILA A. WILSON, PRESIDENT/CEO
2721 TURNBULL ESTATES DRIVE, New Smyrna Beach, FL 32168
CAROLYN W. PETERS, SECRETARY/TREASURER
1411 CALIBAN COURT, New Smyrna Beach, FL 32168

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CAROLYN W. PETERS
1411 CALIBAN COURT
New Smyrna Beach, FL 32168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHEILA A. WILSON
2721 TURNBULL ESTATES DRIVE
New Smyrna Beach, FL 32168

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

Carolyn W. Peters
Signature/Registered Agent

7/6/06
Date

Sheila A. Wilson
Signature/Incorporator

7/6/06
Date

FILED
06 JUL 10 PM 1:30
CLERK OF STATE
TALLAHASSEE, FLORIDA