# P06000136964

(Requestor's Name)
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•
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETAIN OF STATE
TALLAHASSEE, FLORID

#### **COVER LETTER**

Registration Section

Division of C	Corporations		
SUBJECT: MY F	AMILY FURNITU	JRE, INC.	
		ng Florida Profit Corporati	on)
	•	_	n, and fees are submitted to ation" in accordance with s
Please return all cor	respondence concernin	ng this matter to:	
JOSE S FERN	ANDEZ		•
	(Contact Person)		
FASTKIT COR	PORATE OUTF	ITS, INC.	
***************************************	(Firm/Company)	<u> </u>	
11250 NW 25	STREET SUITE	100	
	(Address)		
DORAL, FLOR	IDA 33172		
(	City, State and Zip Code)		
For further informat	ion concerning this ma	utter, please call:	•
EFRAIN DIAZ	٠.	at ( 305 ) 599	9-0839 CUST. SERV.
(Name of Co	ontact Person)		sytime Telephone Number)
Enclosed is a check	for the following amou	ınt:	
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILING A	ADDRESS:
Registration Section Division of Corporat Clifton Building 2661 Executive Cen	tions ter Circle	Registration Division of O P. O. Box 63 Tallahassee,	Corporations 27
Tallahaggaa EL 222	201		

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
MY FAMILY FURNITURE, LLC. LO6-101574.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a MY FAMILY FURNITURE, LLC.  (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws ofFLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
onOCTOBER 18, 2006
(Enter date "Other Business Entity" was first organized, formed or incorporated)  3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
MY FAMILY FURNITURE, INC.
(Enter Name of Florida Profit Corneration)

Page 1 of 2

(The effective document is fi	led by the Flori	t be prior : da Depart	to nor moi ment of Si	re than 90 days after ate; <u>AND</u> 2) must be orporation, if an effe	the same as the
Signed this	25th_day of_	ОСТОВ	ER	, 20 <u>0</u> 0	<u>.</u> .
	ed by a Chairmannot been selecte			Director, Officer, or,	if Directors or
Printed Name:	JULIO C.		Title:	PRESIDENT	

# ARTICLES OF INCORPORATION OF

### MY FAMILY FURNITURE, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)

Competent to contract, hereby form a corporation under the laws of State of Floring

ARTICLE I-CORPORATE NAME

The name of the corporation is: MY FAMILY FURNITURE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>One hundred</u> shares (100) of <u>five</u> Dollar (s) (\$5.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	JULIO C. PEREZ				
ADDRESS	3410 COUNTRY CLU	B BLVD			
CITY	CAPE CORAL	STATE	FL	ZIP 33904	

The principal office, if known or the mailing address of the corporation is:

NAME	JULIO C. PEREZ	11			
ADDRESS	3410 COUNTRY CL	UB BLVD			
CITY	CAPE CORAL	STATE	FL	ZIP 33904	

#### ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have <u>ONE (1)</u> director initially. The number of directors may be either increased or diminished from time to time by laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

NAME	JULIO C. PEREZ	- · —			
ADDRESS	1515 DEL PRADO BLVD	SUITE 3-4	4	•	
CITY	CAPE CORAL	STATE	FL	ZIP	33990
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS		,			
CITY					
NAME		····			
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY					

#### ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

NAME	JULIO C. PEREZ	,			
ADDRESS	1515 DEL PRADO BLVD	SUITE 3-4	<u></u>		
CITY	CAPE CORAL	STATE	FL	ZIP	33990
NAME		·			
ADDRESS					
CITY					•
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY		· · ·			

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this October 25, 2006.

PREPARED:	SOSA ACCOUNTING TAX SERVICE 570 EAST 49 STREET HIALEAH, FL 33013	(Seal)
•		( Seal)
	(305) 688 – 1716	
	(305) 688 – 1714	( Seal)
	•	( Seal)
		( Seal)

### CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

OF

## MY FAMILY FURNITURE, INC.

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, to organize under the laws of the State of Florida with Its registered office as indicated in the Articles of Incorporation.

AT:	1515 DEL PRADO BLVD SUITE 3-4	S OCT
	CAPE CORAL, FL 33990	AKT ASSE
Has named	JULIO C. PEREZ	FECO.
		25 ATE RIDA

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having bee named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Florida Lawn in Keeping open said office.

(registered agent)

# S