P0700090393

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800105275988

O7 AUG TO PN 2: 28
SECRETARY OF STATE
TALLAHAS, EE, HI O. HI

08/10/07--01033--013 **78.75

SUFFICIENCY OF FILING

DIVISION OF THE STATE OF STATE



LAZARUS

CR2E031(7/97)

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

1.1741-17, I F 22.F02 (20	,5) 552 5575	
	Office Use Only	
ORPORATION NAME(S) &	DOCUMENT NUMBER(S), (if known):	
ANGELINAS F	URNITURE & ALCESS	ORIES, IN
(Corporation Name)	(Document #)	
,	· .	
(Corporation Name)	(Document #)	
	•	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
	1	
Walk in Pick up t	time 2.00	d Copy
Mail out Will wai	it Photocopy Certific	ate of Status
		•
NEW FILINGS	AMENDMENTS	
Rrofit	Amendment CR A Office (7)	
Not for Profit Limited Liability	Resignation of R.A., Officer/Di Change of Registered Agent	rector
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/QUALIFICAT	<u>ION</u>
☐ Annual Report	Foreign	
☐ Fictitious Name	Limited Partnership	•
	Reinstatement Trademark	
	Other	
	<u> </u>	
	Examine	r's Initials

ARTICLES OF INCORPORATION OF

Angelina's Furniture & Accessories, Inc.

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I

The name and address of the corporation:

Angelina's Furniture & Accessories, Inc. 8514 SW 8th Street
Miami, FL 33144

ARTICLE II

The period of its duration is perpetual

ARTICLE III

The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

ARTICLE IV

The purpose(s) for which the corporation is organized is to engage in the transaction of any or all-Lawful business for which the corporation may be incorporated under the Florida General Corporation Act.

ARTICLE V

The aggregate number of shares, which corporation shall have authority to issue, is one hundred (100) shares of capital stock, \$ 1.00 par value.

ARTICLE VI

The number of directors constituting the initial Board of Directors of the corporation are one (1) and the names and addresses of the person(s) who are to serve as director(s) until the first annual meeting of shareholders or until the successors are elected and qualified are:

President:

Jacqueline Gorra

8514 SW 8th Street Miami, FL 33165

ARTICLE VII

The shares of Capital stock of this corporation shall be issued to the following person(s):

Name	Address	Shares
Jacqueline Gorra	8514 SW 8th Street, Miami, FL 33144	100%

ARTICLE VIII

The name and address of the incorporator and the address of the principal office is:

Jacqueline Gorra 8514 SW 8th Street Miami, FL 33144

ARTICLE IX

The name and address of the initial registered agent is:

Jacqueline Gorra 8514 SW 8th Street Miami, FL 33144

Incorporate

Date: August 9, 2007

Initial\Registered Agent

STATE OF FLORIDA COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this August 9, 2007, Jacqueline Gorra the Incorporator, Who is personally known to me and who did take an oath

Gabriel Rodriguez Notary Public

State of Florida at Large

My commission Expires:



CERTIFICATE OF DESIGNATION-REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Status, the undersigned corporation, organized 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.

The name of the corporation is: Angelina's Furniture & Accessories, Inc. The name and address of the registered office is:

Jacqueline Gorra 8514 SW 8th Street Miami, FL 33144

Signature: _X Title: INC

INCORPORATOR

Date: August 9, 2007

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATED, I HEREBY AGREE TO ACT IN THIS CAPASITY, AND I FUTHER AGREE TO COMPLY WITH THE PROVISINOS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature: _X

Title:

Registered Agent

Date: August 9, 2007

07 NUG 10 PH 2: 28
SECRETARY OF STATE