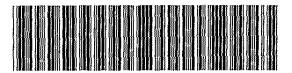
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| (Requestor's Name) | | | | | | |
|-----------------------------------------|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1-8.87

COVER LETTER

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

| SUBJECT: The | Furniture Nook Inc,. (PROPOSED CORPORA) | TE NAME – <u>MUST INC</u> I | LUDE SUFFIX) | | | |
|-------------------------|-----------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------|-------------|------------|------|
| | | | | | | |
| Enclosed are an ori | ginal and one (1) copy of the artic | cles of incorporation an | d a check for: | t | | |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee& Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | | | |
| | | | | : | | |
| FROM: | Rena Moforis | | , | , | | |
| _ | Name | (Printed or typed) | | | | |
| | 5360 S University Drive | e Suite 3 | | . 84 | 5 1 | . *• |
| | Davie, Florida 33328 | State & Zip | <u> </u> | | 4 4 - 2 | : _ |
| | 954-793-4915 | elephone 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:

The Furniture Nook Inc,.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5360 S University Drive Suite 3 Davie, Florida 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Furniture, accessories and decorating services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rena Moforis 15553 SW 16 Street Davie, Florida 33326 President

Richard Ross 5049 NW 103 Ave Coral Springs, Florida 33076 Vice-president

Rosann Ross 5049 NW 103 Ave Coral Springs, Florida 33076 Secretary



ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Richard Ross 5049 NW 103 Ave Coral Springs, Florida 33076

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Rena Moforis 15553 SW 16 Street Davie, Florida 33326

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

Signature/Registered Agent
Signature/Incorporator

Date