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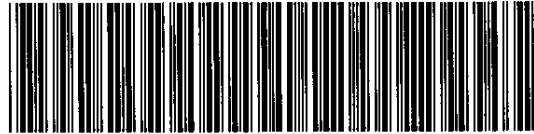
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALIDATION ONLY

12/19

Elizabeth Hidalgo
330 West 9th Street #4
Hialeah FL 33010
(786) 517-6517

CORPORATION(S) NAME

Ethan Allen Services Inc.

☒ Profit
☐ NonProfit
☐ Amendment
☐ Merger
☐ Foreign
☐ Dissolution
☐ Mark
☐ Limited Partnership
☐ Annual Report
☐ Other
☐ Reinstatement
☐ Reservation
☐ Change of Registered Agent
☒ Certified Copy of Articles
☐ Photo Copies
☐ Certificate Under Seal
☒ Call When Ready
☐ Call If Problem
☐ After 4:30
☒ Walk In
☐ Will Wait
☒ Pick Up
☐ Mail Out

Name
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Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

We, the undersigned as proper persons acting as Incorporators of a Corporation under the Laws of the State of Florida, adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

ETHAN ALLEN SERVICES INC.

ARTICLE II

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

**DADE COUNTY
342 WEST 16 STREET
HIALEAH FL. 33010**

ARTICLE III

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

100 \$ 1.00 par value


ARTICLE IV

The purpose of the corporation is:
To do business according to the Bi-Laws of the corporation.

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TALLAHASSEE, FLORIDA

ARTICLE V

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



EFRAHIN HUN - PRESIDENT
342 WEST 16 STREET
HIALEAH FL. 33010

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

The name of the corporation is:

ETHAN ALLEN SERVICES INC.

The name and address of the Registered Agent is:

**EFRAHIN HUN
342 WEST 16 STRET
HIALEAH FL. 33010**

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TALLAHASSEE, FLORIDA

Signature: _____



HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS A REGISTERED AGENT.

SIGNATURE: _____

