

P18000014724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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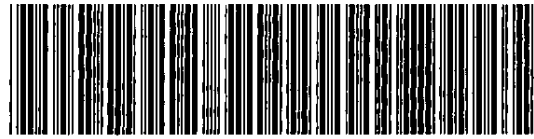
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-18-10
WC

COVER LETTER

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

SUBJECT: SECOND CHANCE FURNITURE REFINISHING, 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: MELANIE EVELYN YERPE

Name (Printed or typed)

1221 NW 7TH AVENUE

Address

FORT LAUDERDALE, FL 33311

City, State & Zip

954-242-6622

Daytime Telephone number

MARC1040@AOL.COM

E-mail address: (to be used for future annual report notification)

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: SECOND CHANCE FURNITURE REFINISHING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1221 NW 7TH AVENUE
FORT LAUDERDALE, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FURNITURE REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): MELANIE EVELYN YERPE
1221 NW 7TH AVENUE
FORT LAUDERDALE, FL 33311

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Marc Friedman
8634 NW 59th Place
Parkland, Fl 33067


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Marc Friedman
8634 NW 59th Place
Parkland, Fl 33067

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



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA