

P11000046442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

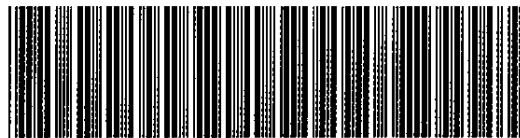
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 13 PM 3:29

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COVER LETTER

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

SUBJECT: Bedding Outlet, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: DAMARIS RIVERA PEREZ

Name (Printed or typed)

RR-11 BOX 5410

Address

BAYAMON, PR 00956

City, State & Zip

787-549-6717

Daytime Telephone number

mattresspicasso@yahoo.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: **BEDDING OUTLET, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4275 Perkinshire LN L-102
Orlando, FL 32822

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
warehouse sales in wholesale and direct of mattresses, boxes, bed accessories & furniture

ARTICLE IV SHARES

The number of shares of stock is: 1000 (100 common shares @\$10.00 par value)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DAMARIS RIVERA PEREZ, PRESIDENT, SECRETARY & TREASURER</u>	Name and Title: _____
Address: <u>4275 PERKINSHIRE LN L-102</u>	Address: _____
<u>ORLANDO, FL 32822</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

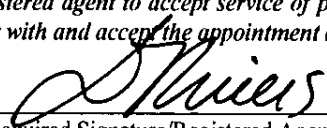
Name: DAMARIS RIVERA PEREZ
Address: 4275 PERKINSHIRE LN L-102
ORLANDO, FL 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

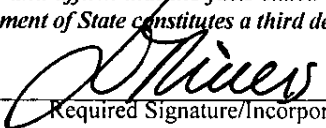
Name: DAMARIS RIVERA PEREZ
Address: 4275 PERKINSHIRE LN L-102
ORLANDO, FL 32822

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


Required Signature/Registered Agent

MAY 10TH, 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

MAY 10TH, 2011
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 13 PM 3:29

4275 AL
PERKINSHIRE
LN L-102
ORLANDO, FL 32822