

17. 2011 1 9PM ns NRAI CORPORATE SERVICES INC NO. 31 Page 1 of 1  
P11000046999

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000133768 3)))



H110001337683ABC/

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED  
11 MAY 17 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : NRAI CORPORATE SERVICES, INC.  
Account Number : I20080000023  
Phone : (651) 225-9500  
Fax Number : (651) 225-9579

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION

Robb & Stucky International, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED  
2011 MAY 17 PM 2:11  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

MAY. 17. 2011 1:20PM

NRAI CORPORATE SERVICES INC

NO. 6631 P. 2

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2011 MAY 17 PM 2:11

**ARTICLE I NAME**

The name of the corporation shall be: Robb & Stucky International, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

230 N. Elm Street, Ste. 1500  
Greensboro, NC 27401

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Furniture sales and any other lawful purpose permitted under the laws  
of the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000 shares of common stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: NRAI Services, Inc.  
Address: 515 East Park Avenue  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark T. Cain  
Address: 230 N. Elm Street, Ste. 1500  
Greensboro, NC 27401

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

Sue Johnson, asst. Secretary  
Required Signature/Registered Agent

5-17-11  
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.

Mark T. Cain  
Required Signature/Incorporator

5/17/2011  
Date