

P12000060289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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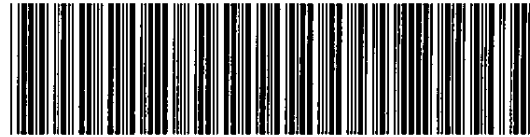
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -9 PM 12:53

7/10/12

COVER LETTER

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

SUBJECT: MODERN DAY FURNITURE COMPANY
(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: TIMOTHY W MASLANKA
Name (Printed or typed)

PO BOX 426 INTERCESSION CITY
Address

FLORIDA 33848
City, State & Zip

407-932-0899
Daytime Telephone number

MODERNDAYTM@YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

MODERN DAY FURNITURE COMPANY

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ARTICLE II PRINCIPAL OFFICE

Principal street address
6001 SOUTH ORANGE BLOSSOM TRAIL.
DAVENPORT, FL 33896

Mailing address, if different is:
PO BOX 426 INTERCESSION CITY
FLORIDA 33848

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct retail and wholesale of the furniture business, and any business that is legal in the State of Florida, and the Laws of the United States.

ARTICLE IV SHARES

The number of shares of stock is: 1000 to equally divided.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>TIMOTHY W MASLANKA PRES.</u>	Name and Title: _____
Address: <u>PO BOX 426 INTERCESSION CITY</u>	Address: _____
<u>FLORIDA 33848</u>	_____
_____	_____

Name and Title: <u>HENRY LOZANO V. PRES.</u>	Name and Title: _____
Address: <u>6804 OSCEOLA POLK LINE RD</u>	Address: _____
<u>DAVENPORT, FL 33896</u>	_____
_____	_____

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: TIMOTHY W. MASLANKA
Address: 2550 CYPRESS LN
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIMOTHY W. MASLANKA
Address: 2550 CYPRESS LN KISSIMMEE
FL 33746

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

07/05/2012
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

07/05/2012
Date