## P14000046611

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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5/30/14

## **COVER LETTER**

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

SUBJECT:	MIDTOWN (PROPOSED CO		VITURE ENAME-MUST INCI			-	
Enclosed are an	original and one (1) copy o	of the artic	les of incorporation ar	nd a check for:			
2 \$70.0 Filing Fe		utus	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Status  \$87.50 Filing Fee, Certified C & Certifica Status OPY REQUIR	Copy ate of		
FROM:	DAUID	S. (Name (	TISCU Printed or typed)		_		
<u> </u>	489 NAPPA 1	Dry	dress				
(	PORT ONANG	SE City, S	FLOADA	3217	-8-		
	386-86 D	Caytime Tel	ephone number		<del>_</del>		
-	DGF 302 E-mail address: (	(to be used	for future annual report	t notification)	- TALL SEC	11	
	NOTE: Please provid	de the ori	ginal and one copy o	of the articles.	WETARY OF ST	MAY 27 AN	FILED

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

The name of the corpor	ME ation shall be: MIDT	OWN FURN	HTURE	INC.		
ARTICLE II PRINCIPAL OFFICE Principal street address  1489 NAPPA MUE  PONT ONANUE FLONIDA 32128			Mailing address, if different is:			
ARTICLE III PUI The purpose for which	the corporation is organized is:	ANY AN	0 AU	- LAWFUL		
ARTICLE IV SH The number of shares o ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR	POESICE And and Ti	tle:	FILED  14 MAY 27 AN 9: 11  SECRETARY OF STATE FALLAHASSEE, FLORIDA		
Name and Title Address	PORT ONANG 3217		tle:			
Name and Title Address	e:					

Name and Title:	Name and Title:	
Address	Address:	
_		
ARTICLE VI REGIS	TERED AGENT	
The name and Florida stre	et address (P.O. Box NOT acceptable) of the registered agent is:	
Name: Df	HUID G. FISCH	
Address:	89 NAPPA DAINE	
Pa	TOMANUF FLORIDA 32128	
ARTICLE VII INCOR	PORATOR	
The name and address of the	ne Incorporator is:	
Name:	DAVIO G. HSCH	
Address:	189 NAPPA DUNF	
_Pa	DAT OMNUE FLOM DA 32128	
Having been named as reg	   stered agent to accept service of process for the above stated corporation	a at the place designated in
this certificate, I am famili	ar with and accept the appointment as registered agent and agree to act in	this capacity
		5.72.2014
	Required Signature/Registered Agent	Date
I submit this flocument un	d affirm that the facts stated herein are true. I am aware that the false in that of State constitutes a third degree felony as provided for in s.817.155, F.	information submitted in a .S.
		5-22-2014
- O - # \	Required Signature/Incorporator	Date

