

PI604049117

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

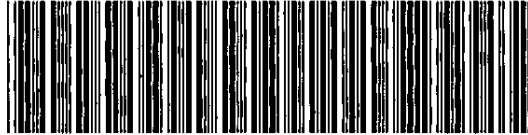
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

JUN 07 2016

T. SCOTT



600286041426

05/25/16--01011--022 \*\*87.50

16 MAY 25 AM 11:21

RECEIVED  
DIVISION OF CORPORATIONS  
MAY 25 2016

## COVER LETTER

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

**SUBJECT:** Furniture Express & Mattress 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:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Richard J. Laspro  
Name (Printed or typed)

222 Rotonda Blvd E  
Address

Rotonda West, FL 33947  
City, State & Zip

941-249-2600  
Daytime Telephone number

richardandalega@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: Furniture Express Mattress Outlet, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3969 S. Access Rd

ENGLEWOOD, FL 34224

Mailing address, if different is:

222 Roton da Blvd E

Roton da West, FL 33947

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sales to the public  
of new and used furniture and mattresses  
from a retail store location and the internet.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Alesya D. Laspro, President

Address: 222 Roton da Blvd E  
Roton da West, FL 33947

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

16 MAY 25 AM 11:21

SECRETARY OF STATE  
DIVISION OF CORPORATE FILINGS

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: Richard J. Caspro  
Address: 222 Rotonda Blvd E  
Rotonda West, FL 33947

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jeffrey Taleghany  
Address: 13495 Longwood Ave  
Port Charlotte, FL 33981

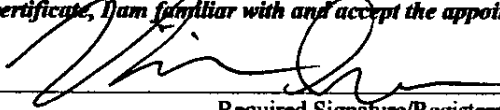
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

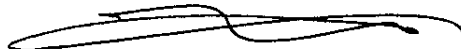
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

5-18-16  
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

5/18/16  
Date