

P17000026161

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17 MAR 22 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 03/16/17

03/23/17

March 16, 2017  
Opa Locka, Florida

Home Decco Furniture, Inc.  
15802 NW 79 Court  
Miami Lakes, FL 33054  
Document No. P14000031533

Florida Department of State  
Division of Corporations

I am Nestor D Jiron president of Home Decco Furniture, Inc. Document number P14000031533  
I would like to inform your department that I will not claim any reinstatement filing for my  
Corporation Home Decco Furniture, Inc. and I would like your permission to open a new  
corporation with the same name of Home Decco Furniture, Inc. attached are the articles of  
incorporation and the fee for the new corporation.

I am thanking you in advance for your cooperation on this matter.

Sincerely yours,



Nestor D Jiron

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17 MAR 22 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** HOME DECCO FURNITURE, 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:** NESTOR D JIRON

Name (Printed or typed)

4115 NW 132ND ST BAY H

Address

OPA LOCKA, FL 33054

City, State & Zip

786-286-0017

Daytime Telephone number

co604@bellsouth.net

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: HOME DECCO FURNITURE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4115 NW 132ND ST

BAY H

OPA0LOCKA, FL 33054

Mailing address, if different is:  
15802 NW 79TH COURT

MIAMI LAKES, FL 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS. WHOLESALE  
MANUFACTURE FURNITURE.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES AT \$ 1.00 PER SHARE.

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

Name and Title: NESTOR D JIRON

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

Address 4115 NW 132ND ST

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

BAY H

OPA-LOCKA, FL 33054

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

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: NESTOR D JIRON  
Address: 4115 NW 132ND ST BAY H  
OPA-LOCKA, FL 33054

**ARTICLE VII INCORPORATOR**

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

Name: NESTOR D JIRON  
Address: 4115 NW 132ND ST BAY H  
OPA-LOCKA, FL 33054

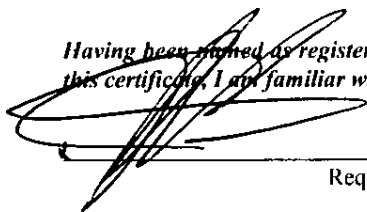
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17 MAR 22 PM 2:46  
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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/16/2017 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

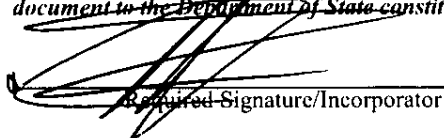


\_\_\_\_\_  
Required Signature/Registered Agent

03/16/2017

\_\_\_\_\_  
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

03/16/2017

\_\_\_\_\_  
Date