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Florida Department of
Division of Corporations
Electronic Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

19 APR 17 AM 8:09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

****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
ITALIAN FURNITURE DESIGNS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Italian Furniture Designs, 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: Capitol Services - Corporate Filings Team

Name (Printed or typed)

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City, State & Zip

(855) 498 - 5500

Daytime Telephone number

eric@europeandesigns.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 NAMEThe name of the corporation shall be: Italian Furniture Designs, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3630 NE 1 CTMiami FL 33137**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

any lawful business permitted in Florida.

ARTICLE IV SHARESThe number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rodrigo Rangel de Alba, Pres. Name and Title: _____Address: 8626 Westpark
Houston, Texas 77063

Address: _____

Name and Title: Rodrigo Rangel de Alba, Dir. Name and Title: _____Address: 8626 Westpark
Houston, Texas 77063

Address: _____

Name and Title: Eric Villasenor—CFO, VP & Sec. Name and Title: _____Address: 8626 Westpark
Houston, Texas 77063

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19-APR-17 AM 8:09

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Capitol Corporate Services, Inc.
Address: 515 East Park Avenue 2nd Fl
Tallahassee FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Eric Villasenor
Address: 8626 Westpark
Houston, Texas 77063

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 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

Kim Tadlock Kim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc. April 16, 2019
Required Signature/Registered Agent 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.

[Signature] April 16, 2019
Required Signature/Incorporator Date