

P24000050203  
151 813 1184  
https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number  
(shown below) on the top and bottom of all pages of the document.

((H24000260867 3)))



H240002608673ABC2

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)813-1184  
Fax Number : (516)935-3088

**\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\***

Email Address: seanconlon@sawenterprises.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
INNOVATIVE FURNITURE SERVICES INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

H24000260867

**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: INNOVATIVE FURNITURE SERVICES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address105 LAMPLIGHT CIRCLESUMMERVILLE, SC 29483

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Legal & lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 1000 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SEAN CONLON - President/Director

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

Address 31 SHELBY ROAD

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

EAST NORTH PORT, NY 11731

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

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

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

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

2024 AUG -2 AM 10:27  
FILED  
CLERK OF SUPERIOR COURT  
JULY 27 2024

H24000260867

H24000260867

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: CHARLES CONIGLIARO  
Address: 2897 SE SAINT LUCIE BLVD  
STUART, FL 34997

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: SEAN CONLON  
Address: 31 SHELBY ROAD  
EAST NORTH PORT, NY 11731

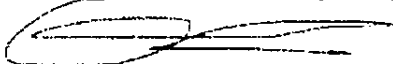
**ARTICLE VIII EFFECTIVE DATE:**

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.

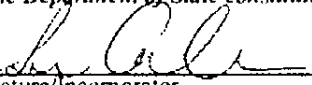
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature/Registered Agent  \_\_\_\_\_  
CHARLES CONIGLIARO

August 2, 2020

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  \_\_\_\_\_  
SEAN CONLON

August 2, 2020

Date

H24000260867