CORPORATION INFORMATION STRVICES, INC. 1201 HAYS STREET TAILAHASSEE, FE 12101 904-222-9171 904-222-0191 FAX

800-342-8086

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JAVISION OF CURPORATION

MAIL TO: P.O. BOX 5828 TALLAHASSEF, FL. 32314

ACCOUNT NO. : 072100000032

REFERENCE : 550253 100758

AUTHORIZATION: latuein. Paris

COST LIMIT : 9 122.50

ORDER DATE: February 28, 1995

ORDER TIME : 8:49 AM

ORDER NO. : 550253

CUSTOMER NO: 10075B

100758 500001418225

CUSTOMER: Cheryl Godfrey, Legal Aget

DENTON & HUIE

5609 26th Street West Bradenton, FL 33-07

#### DOMESTIC FILING

P95000016785

NAME:

CUSHION CLINIC, INC.

XXX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

72 3-1-95 02/A

#### ARTICLES OF INCORPORATION

OF

CUSHION CLINIC, INC.



The undersigned incorporate hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation shall be: CUSHION CLINIC, INC.

The address of the principal office of this corporation shall be 1503 66th Avenue Terrace, East, Sarasota, Florida 34243, and the mailing address of the corporation and shall be the same.

#### ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation. The specific purpose of this business is operate an upholstery business.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

#### ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

#### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and addresses of the initial members of the Board of Directors are:

Marilou E. Chastain 1503 66th Avenue Terrace, East Dir. Sarasota, Florida 34243

#### ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on March 1, 1995.

CORPORATION INFORMATION SERVICES, INC.

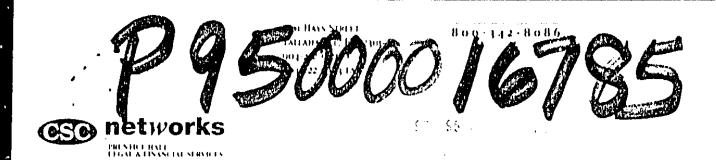
By: Its Agent; Gall Shelby

## ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Tts Agent, Gail Shelby



ACCOUNT NO. 1 Of DOCCORRE

AUTHORIZATION

REFERENCE CONTRACTOR TO THE PROPERTY OF THE PR

COST LIMIT : 5 350 WA

ORDER DATE : Fobiumry 28, 1995

ORDER TIME : 8:09 AM

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ORDER NO. : 550253

CUSTOMER NO:

100758

CUSTOMER: Cheryl Godfrey, Legal Asat

Denton & Huie

5600 26th Street West Bradenton, FL 33507

CHANGE OF AGENT

NAME: CUSHION CLINIC, INC.

PURATE RETURN THE FAIL WING A LIBERT FOREIGN

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the decay of FERRA Management and the following

Charter No
Date Filed
TERED OFFICE
607 1508, Florida Statutes, the under a, submits the following statement to the State of Florida.
ICES, INC.
e changed is:
a, Florida 34243 多元
of the business office of its registered
eard of directors or by an officer of
(President or Vice President)
, 1995
PT SERVICE OF PROCESS FOR THE IN THIS CERTIFICATE. I HEREBY E TO ACT IN THIS CAPACITY. I FURTURES RELATIVE TO THE PROPER AMILIAR WITH AND ACCEPT THE DER SECTION 607 0505, FLORIDA
<u>-</u>

### STATEMENT OF CHANGE OF REGIST AND REGISTERED AGE:

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.
1. The name of the corporation is: CUSHION CLINIC, INC.
2. The name and address of its present registered agent is:  CORPORATION INFORMATION SERVICES, INC.  1201 Hays Street  Tallahassee, Florida 32301
3. The name and street address to which its registered agent is to be changed is:  (P.O. BOX NOT ACCEPTABLE)  MARILOU E. CHASTAIN, 1503 66th Avenue Terrace East, Sarasota, Florida 34243
<ul> <li>4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.</li> <li>5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.</li> </ul>
(Typed or printed name and title)  Signature March 13, 1995
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607 0505, FLORIDA STATUTES
Please Print/Type Name MARILOU E. CHASTAIN Signature Michigan ( Chaptain
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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