TRANSMITTAL LETTER

P950000 33497

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

SUBJECT: St. Augustine Bedding & Acces. INC (proposed corporate name)

600001464266 -04/25/95--01039--005 +++++70.00 +***+70.00

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ $\frac{70.00}{10.00}$.

FROM:

HERBERT E PART, n

Name

2630 US-1 South

Address Augustine FL 32086

City, State, & Zip

(904) 797-1604

Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

FILED

<u>OF</u>

95 APR 24 AH 8: 67

St. Augustine Bedding a Acres servicionia

The unclersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorpora-

ARTICLE I NAME

The name of the corporation shall be:

St. Augustine Bedding & Acces. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2630 US-1 South St. Augustine, Fe. 32086

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

HERBERT E. PARTIN

2630 US-1 South St. Augustine, Fl. 32086

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
HERBERT E. PARTIN 2630 US-1 South St. Augustine, FL 32086
2630 US-1 South
St. Augustine FL 32086
•
The undersigned has(have) executed these Articles of Incorporation this
day of April
Kalul Enful / President
Signature/Title
Signature/Title
O:31 (c.m. o, 1 mo
Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT, REGISTERED OFFICE

Pursuant to the provisions of section 607.0501. Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

2. The name and address of the registered agent and office is: HERBORT E PARTIN (NAME) 2630 US - 1 South (P.O. BOX NOT ACCEPTABLE) St Augustine FL. 32086 (CITY/STATE/ZIP)
2630 US - 1 South (P.O. BOX NOI ACCEPTABLE) St Augustine FL. 32086
2630 US - 1 South (P.O. BOX NOI ACCEPTABLE) St Augustine FL. 32086
St Augustine FL. 32086
St Augustine FL. 32086 (CITY/STATE/ZIP)
(CITY/STATE/ZIP)
SIGNATURE Sulvey 2 fante
(corporate officer)
TITLE <u>PRESIDENT</u>
DATE 4-20-95

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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE 4-30-95

REGISTERED AGENT FILING FEE: \$35.00