# 795000043412

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

SUBJECT: FURNIT (P Enclosed is an original for :	roposed corporate name - (	must include suff		700 17	2: 29 SIAIL	FILED .
\$70.00	\$78.75	\$122.50	\$131.2	E .		
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NOTE: Please provide the original and one copy of the articles.

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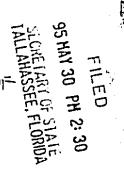
# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

FURNITURES EXPRESSIONS INC



## ARTICLE II PRINCIPAL OFFICE

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

1800 SO OCEAN BLYD (1004) POMPANO BEACH FL 33062

#### ARTICLE III SHARES

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

100 SHARES NO PAR VALUE

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALEXANDOR TACKSON 1200 SOUTH OCIEAN BLVD (1004) POMPANO BEACH FL 33062

# ARTICLE V INCORPORATORIS

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALEXANDER, JACKEON SUMS 1019 1800 SO OCEAN BLYD POMPAND BEACH FLORIDA 33062

The und	ersigned in	ncorporator(s) h	nas(have) execute	ed these Articles of Inco	orporation this
<del></del>	25_	day of	MAY	19 <u>.95</u>	
		aley	ou Sonatura		
			Signatura		
			Signaturé		<del></del>
			Signature		

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLOR: , ,A.

1. The name	of the corporation is: F	<u>uentuel</u>	EXFRESSIONS	14C 0=
	_	LAUDERHILL	<u>-</u>	<del></del>
2. The name	and address of the regis	tered agent and	d office is:-	
		(Name)	AT SON NO.	icksow
	(P.O. I	Box <u>not</u> acceptabl	18)	ן גראס
	į.	Por City/State/Zip)	MPAND BAC	y FL 330K
Having been above stated the appointment to comply with mance of my as registered	named as registered age I corporation at the place pent as registered agent a th the provisions of all sta duties, and I am familiar v I agent.	ent and to accept designated in the end agree to act atutes relating to with and accept	nt service of proce his certificate, I he in this capacity. I o the proper and c the obligations of	ss for the reby accept further agree omplete perfor- my position
	loss feeha	<b></b>	5 25 95 (Date)	