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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 *-18 10 34 10 1 1 1 1-4-15 3 -4 -45-4 -1177/013/28/5 -1144/74 --1114/ -4+++478/5/5 -++++478/5/5

SUBJECT: Cosus Peter Furniture of South Monda, Inc. (Proposed corporate name - must include suffix)

Enclosed i for :	s an original	and one (1) co	py of the articles o	f incorporation a	nd a check	
	\$70.00 ling Fee	\$78.75 Filing Fee & Cerdificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	<u>:</u> ·	\$ 5. J. J. T. J.
	FROM:	Staphar Name (-3 14 G		
		1069 u	, .	꾨		
		Pompon City	4			
			(o 300) elephone number			

JUL 1 1 1999

BSB

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION (FIG. 20 1996) 35

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:

Casual Potro Farmture of South

ARTICLE II PRINCIPAL OFFICE

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

1062 W. Somple Road Pompono Beach FC 33064

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $\frac{1000}{1000}$

AR' ICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Stephanie Powers 1068 W. Sample Rd Pompano Beach Fr 33069

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE S' ATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REG STERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporati	ionis: Court Robo Furnet	use.
	of South Florida	
2. The name and address of	the registered agent and office is:	·—·
	Slephinie Powers	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	Sign T
	Pompric Dery De 33069	7
gent and agree to act in this	istered agent and to accept service of process gnated in this certificate, I hereby accept the appose capacity. I further agree to comply with the promplete performance of my duties, and I am familia registered agent.	for the above stated pintmenn is registered
Highane Down (Sig	(DATE)	75