P9500054302 TRANSMITTAL LETTER

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

95 JUL 10 PH 6: 28

SECRETARY OF STATE
TALLAHASSEE, FLORING

SUBJECT: Professional Furniture Repair Inc.

Enclosed is an original and one	(1) copy of	the articles of	incorporation	224	المصطم
for:		0, 1,0,00 0,	medipolation	ano a	CUECK

[X] \$70.**0**0

\$78.75

\$122.50

\$131.25

FROM:

Arnaldo S. Padilla

500001533726 --07/10/95--01074--016

1281 Lancelot Wa

Address 2270

City, State & Zip

407-696-0385

Daytime Telephone number

8 1.

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

FILED

95 JUL 10 PH 6: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

PROFESSIONAL FURNITURE REPAIR, INC.

THE UNDERSIGNED, acting as sole incorporator of PROFESSIONAL FURNITURE REPAIR, INC. under Chapter 607 of the Florida Statues, hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I NAME

The name of the corporation shall be: PROFESSIONAL FURNITURE REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

1281 LANCELOT WAY CASSELBERRY, FLORIDA 32707

ARTICLE III CAPITAL STOCK

The aggregate number of shares which the corporation shall have authority to issue is One Thousand (1,000) consisting of a single class of common stock, \$.10 cents par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The address of the initial Registered Office of the corporation is 1281 Lancelto Way, Casselberry, Florida 32707 and the initial Registered Agent at such address is Arnaldo S. Padilla.

ARTICLE V INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of the corporation is one (1). The number of Directors may be increased or decreased from time to time, but in not event shall the number of Directors be less than one (1). The names for and addresses for the persons who are to serve as initial Directors until the first annual meeting of the shareholders of the corporation or until such successor Directors are elected and shall qualify are as follows:

ARNALDO S. PADILLA 1281 LANCELOT WAY CASSELBERRY, FLORIDA 32707

ARTICLE VI PREEMPTIVE RIGHTS GRANTED

Each shareholder of this corporation shall be entitled to full preemptive rights to purchase any unissued or treasury shares of the corporation.

ARTICLE VII INCORPORATOR

The name and address of the sole incorporator of the corporation is: Arnaldo S. Padilla, 1281 Lancelot Way, Casselberry, FL 32707.

The undersigned has executed these Articles of Incorporation this lst day of July, 1995.

Arnaldo/S. Padilla, Incorporator

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 FLORIDA.

1. The name of the corporation is: Professional Furniture	<u>Rep</u> ai	r, INC
2. The name and address of the registered agent and office is: Acnaldo S. Padilla (Name) 1281 Lancelot WAY (P.O. Box not acceptable) Casselberry FL 32707 (City/State/Zip)	95 JUL 10 PH 6: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

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.

1-1-95 7-1-95

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

S .				North Carlotte	
PLEASE READ	ALL INSTRUCTION	NS BEFORE	COMPLETING	THIS FORM	Л.
ALLEICATION SEE	PLOHIDA DEPARTI	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		ED	
FOR REINSTATEMENT	Secretary		1711	.L.U	3
_	DIVISION OF COR		96 OCT 18	PM 4: 06	
DOCUMENT # P9500	00054302		SECRETAR	Y OF STATE	
PROFESSIONAL FURNITURE	REPAIR, INC.		TALLAHASS	ry of State See, Florida	
			900	001983	36791 0026005
Principal Place of Business	Mailing Address			-19/23/96(- ****375,00	01026005 ****375,00
CASSELBERRY-FL-32707	1281 LANCELOT WAY CASSELBERRY-FL-32707 CASSELBERRY-FL-32707				
			i i denikata tim telihi	anni matt aalii talii (6116)	11111 61001 11111 81 116 H 61 1001
If above addresses are incorrect in any way line the	rough incorrect information and en	lar correction below	DEIMICT	ATEMEN	IT OLD
2 Now Principal Office Address, Il Applicable 11703 W. Wessen CC.	3 New Mailing Office Address	. If Applicable	4 Date Incorporated	or Qualified	
	Suito, Apl. N. etc	SROW CI	To Do Business in 5 FEI Number	Florida 0	7/10/1995
Tampa FL	City & State Tampa F		593321	\$37	Applied For
33618 Country SA	Zip 33618 Cou	1	G CERTIFICATE OF ST	ATUS DESIDED 52	Not Applicable 75 Additional Fee required
7 Names and Street Addresses of Each Officer and/ Name of Officers	for Director (Florida nonprofit corpo	orations must list at loas	st 3 directors)	WOODE GAMED [V]	or a Cartificate of Status
Title(s) and/or Directors	1 5	Street Address of Each Officer and/or Director Use Post Office Box Nu		City / Sta	ale / Zin
D PADILLA, ARNALDO S	1281-LACELO	T-WAY		SELBERRY FL 3270	·
	11703 W	. Wesson (impa FL	
				•	
			9000	10/23/9601	5791
		····-		1U/23/9601 ******8 .75	026006 ******
				0.0	
				UK	20-21-96
8. Name and Address of Current Re		-			
PADILLA, ARNALDO S	egistered Agent	Namo). Name and Address	of New Registered Ag	jent
1281 LANCELOT WAY 11703 W.	Wesson Cr	Street Address (P.O.	Box Number in Not As		CP2E040 (7:95)
CASSELBERRY FL 32707 Tampa	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. w, Etc.				
		City			8
10 I, being appointed the regists ad agent of the above	named corporation, am familias es	1 .		State FL	Zip Code
Signature of Registered Agent		urand accept the obliga	ations of Section 607.05	05, F.S.	
HEG	STERED AGENT MUST SIGN		Date	-10-1-96	,
 Does this corporation pay an Dept. of Revenue under S. 1 	y intangible tax to th	e _	7	(See other side to	or information
			No LY	on intangib	olo tax.)
12 I certily that I am an officer or director or the receiver this reinstatement application, the reason for dissolution ed by the corporation have been paid and the name on this application is true and accurate, and the care	or trustee empowered to execute to ion has been eliminated, the corpor	his application as provid	ded for in chapter 607 o	r 617, F.S. I further cer	tify that when filing
owed by the corporation have been paid and the nam on this application is true and accurate, and my signa	nes of individuals listed on this form ture shall have the same legal effe	t do not qualify to 1.1 e ct as if made under oath	xemption under section	119.07(3)(i), F.S. The	F.S., that all fees information indicated
SIGNATURE:	4		10-1-91	013 0-	1805-
APLIALDO S	NAME OF SIGNING OFFICER OR DI	RECTOR	Date	813_931 Daytim	Phone .