## 19500059828 TRANSMITTAL LETTER

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

SUBJECT: 1-) T 1-10	OME BOW	UCRY INC		
	oposed corporate i	name - must include su	iffix)	
Enclosed is an original	and one (1) co	py of the articles o	of incorporation	and a check
for :  \$70.00  Filing Fee	\$78.75 Filing Foo & Cordificato	*122.50 Filing Fee & Carbfied Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required	3 - 7
FROM:		L. Fay		23
	4124 L	ONGFCLLOW	DRIVE	ン
		Address		
	PLANT		33567	
	City, State & Zip			
<b>1</b> \a5	(813) 659 - 2855			
21.	Daytime 1	Telephone number		##122.50 +++#122.50 ####################################

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

### ARTICLES OF INCORPORATION

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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:

AT HOME DELIVERY INC

ARTICLE II PRINCIPAL OFFICE

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

4124 LONGFELLOW DRIVE PLANT CITY FL 31567

ARTICLE III SHARES

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

1.000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LINDA L. FAY 4124 LONGFELLOW DRIVE PLANT CITY, FL 33567

#### 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):

LINDA L. FAY DENNIS M. FAY 4121 LONGFELLOW DRIVE PLF: JT CITY, FL 33567

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

315t day of July , 19 95.

Signature

Signature

Signature

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

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

95 MG - 1 PH 2: 40

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE LOCALINA U. DERSIGNED 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	AT HOME DELIVERY INC	<u>, — —  </u>
2. The name and address of the	registered agent and office is:	<del></del>
LINI	DA L. FAY (NAME)	
	D. Box or Mail Drop Box NOT ACCEPTABLE)	
PLA	VT CITY FL 33567	

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.

SIGNATURE) 7/31/95
(DATE)

# P95000059828

Jay 2006 Chushonse Drue Plant Chy, 7, 3356]

Other

City/State/Zip

Phone #

Office Use Only

Examiner's Initials

CORPORATION	NAME(S) & DOCUM	ENT NUMBER(S),	(if known):	2
1(Согр	oration Name)	(Document #)	PLEASE STATE	FILED 3.41
2. <u>(Corp</u> e	oration Name)	(Document #,		
3(Согре	oration Name)	(Document #)	7	
4(Corpo	oration Name)	(Document #)		_
□ Walk in □	Pick up time	🗆 c	ertified Copy	
☐ Mail out ☐	Will wait P	hotocopy	ertificate of Status	
NEW FILINGS	AMENDMENT	S and the second of		
Profit	Amendment			
NonProfit	Resignation of R.A.,	Officer/ Director		
Limited Liability	Change of Registered	l Agent		
Domestication	Dissolution/Withdra	wal		
Other	Метдет		+1 ½ Ľ	1 7 1997
OTHER FILINGS	REGISTRAT QUALIFICA	ION/	11 11-	
Annual Report		TION	Voldis	u 0 <b>7</b>
Fictitious Name	Foreign Limited Partnership		WS MAR 1	וללו
Name Reservation	Reinstatement			
	Trademark			
	I Taucina K			

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,	ARTICLES OF DISSOLUTION 97 HAR 12 ED
	ARTICLES OF DISSOLUTION  97 MAR 12 PH 3:41  o 60-1401, Florida Statutes, this Florida profit corporation submits the following 114 SSLEFT ON 18
FIRST:	The name of the corporation is: At Hose Shivery , 500.
SECOND:	The articles of incorporation were filed on:
THIRD:	(CHECK ONE)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signe Signatur	ed this
	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)
-	(Typed or printed name)
-	The sole (Type of or printed name)  (Type of or printed name)  (Title)