

P95000064201

TRANSMITTAL LETTER

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

SUBJECT: WEST COAST FURNITURE REPAIR INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

200001564432
-08/18/95--01041--004
*****70.00 *****70.00

FROM: FAWZI TAMIMI
Name (printed or typed)

611 N. FORT HARRISON AVE.
Address

CLEARWATER, FL. 34615
City, State & Zip

(813) 447-6789
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 AUG 18 AM 9:02

FILED

AUG 21 1995

BSB

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

ARTICLES OF INCORPORATION

FILED

95 AUG 18 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

WEST COAST FURNITURE REPAIR INC.

ARTICLE II PRINCIPAL OFFICE

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

*611 N. FORT HARRISON AVE.
CLEARWATER, FL. 34615*

ARTICLE III SHARES

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

200 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*FAWZI TAMIMI
611 N. FORT HARRISON AVE.
CLEARWATER, FL. 34615*

ARTICLE V INCORPORATION 71

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

- ① JOE TURNER
215 WAVERLY WAY
CLEARWATER, FL. 34616
- ② FARZI TAMIMI
215 WAVERLY WAY
CLEARWATER, FL. 34616

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

8 day of 6, 1995.

Farzi Tamimi Signature
Joe Turner Signature
Signature

**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: WEST COAST FURNITURE REPAIR INC.

2. The name and address of the registered agent and office is:

FAWZI TAMIMI

(Name)

611 N. FORT HARRISON AVE.

(P.O. Box not acceptable)

CLEARWATER, FL. 34615

(City/State/Zip)

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.

Luzi Tamimi
(Signature)

8/6/95
(Date)

FILED
JUL 18 AM 9:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE