

P96000037232
TRANSMITTAL LETTER

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

50100017514845
-04/25/96--01081--009
****131.25 ****131.25

SUBJECT: FAMILY FURNITURE + MATTRESS OF
(Proposed corporate name - must include suffix)
FLA.
INC.

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

Additional Copy Required

FROM:

STEVEN PAUL ERSON

Name (printed or typed)

9698 AMBA CATS #102

Address

BOCA RATON FL 33428

City, State & Zip

407-883-5726

Daytime Telephone number

APR 30 1996

B8B

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

ARTICLES OF INCORPORATION

96 APR 25 PM 1:47

ALLAMOUNT 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:

FAMILY FURNITURE + MATTRESS
OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

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

9698 ARBOR OAKS #102
BOCA RATON FL 33428

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STEVEN PAUL EPSON
9698 ARBOR OAKS #102
BOCA RATON FL 33428

See instructions for officers/directors

STEVEN PAUL LEPSON
9698 ARBOR OAKS #102
BOCA RATON FL 33428

RON LIPPA
9358 AEGEAN DR.
BOCA RATON FL 33496

23 day of APRIL, 19 96

Signature _____ PRESIDENT

Signature _____ VICE PRESIDENT

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**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: FAMILY FURNITURE + MATTRESS
OF FLORIDA INC.

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

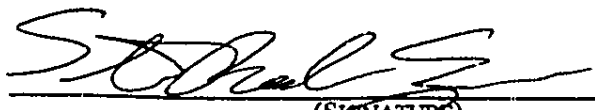
STEVEN PAUL ERSON
(NAME)

9698 ARBOR OAKS #1025
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BOCA RATON FL 33488
(CITY/STATE/ZIP)

FILED
55 APR 25 PM 4:17
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.


(SIGNATURE)

4/23/96
(DATE)