96 SEP -9 TH 2: 40

SECRETAGE LATE TALLAHASSE LELORIDA

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

	(I	Lobosea corborsm i	name - must include su	ffix)	
Enclo	sed is an origina	I and one (1) co	py of the articles o	()9 ₩₩	0000001156 1/09/960109 **131.25 *#
for :	\$70.00 Filing Fee	\$78.75 Filling Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
ا سهب	FROM:		S J. VARG	SAS	l
		1283	SO SW 43 Address	DRIVE, APT	: 163B
		<u>Mi A</u>	M', FU . 33 y, State & Zip	175	
		(305))229-1907	3	

CLUSIVE DESIGNER FURNITURE, INC.

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

Daytime Telephone number

.ARTICLES OF INCORPORATION

96 SEP -9 PV 2 46

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Bilshiess (1977) Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EXCLUSIVE DESIGNER-FURNITURE, ITUC.

ARTICLE II PRINCIPAL OFFICE

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

3825 N.W. 32" N.C.

MIAMI, FLA. 33142

ARTICLE III SHARES

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

2,000, PAR VALUE = \$\frac{1}{2}\$,01 Per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

LOUIS J. VARGAS 12830 SW 43 DRIVE APT, 163B MIAMI, FLA, 33175

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):

LOUIS J. VARGAS
12830 SW. 43 DRIVE
APT. 1633
MIAMI, FLA. 33175

The undersigned inc	orporator(s) has(have) executed these Articles of Incorpo	ration this
<u> 29</u> day of _	JULY		
(An additional article	must be added if an e	effective date is requested \	

Ta) la		
	Signature	
	Signature	7 to 8 to
	Signature	·

Notarization is not required

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:

EXCLUSIVE DESIGNER FULLIFORM, THE

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

LOUIS J. VARGAS

(NAME)

3825. TU.W. 32 P.V., BAY B

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

P): AM., FM. 33142

(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.

7-24-96 (SIGNATURE) (DATE)