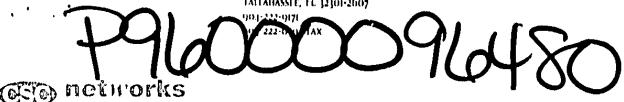
1201 HAYS STREET TATTAHASSEE, FL 32301-2607

000-342-8086



ACCOUNT NO. : 072100000032

REFERENCE: 132765 162199A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: October 25, 1996

ORDER TIME : 10:22 AM

ORDER NO. : 132765-005

CUSTOMER NO: 162199A

CUSTOMER: Rick M. Morse, Cpa

RICK M. MORSE, CPA, P.A.

Suite 204

7800 N. University Drive

Tamarac, FL 33321

DOMESTIC FILING

SHELLEY'S, INC.

NAME:

-ILANA'S; INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynne Roberts

EXAMINER'S INITIALS:

5



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 25, 1996

CSC NETWORKS 1201 HAYS STREET TALLHASSEE, FL 32301-2607

SUBJECT: ILANA'S, INC. Ref. Number: W96000022809

# RESUBMIT

Please give original submission date as file date.

We have received your document for ILANA'S, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 496A00049466

#### ARTICLES OF INCORPORATION

OF

SHELLEY'S, INC.



# ARTICLE I

NAME

The name of this Corporation shall be :

SHELLEY'S, INC.

# ARTICLE II

# **PURPOSE**

This corporation is organized for the purpose of FURNITURE SALES and transacting any and all lawful business.

#### ARTICLE III

# CAPITAL STOCK

This corporation is authorized to issue 5000 shares of \$ 1 par value common stock.

# ARTICLE IV

# INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office of this corporation is:

4822 NW 96TH DRIVE CORAL SPRINGS, FLORIDA 33076

and the name of the initial registered agent of this corporation at the above address is:

# SHELLEY KATZ

#### ARTICLE V

#### DIRECTORS

This corporation shall have one Director Initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial Director of this corporation is:

SHELLEY KATZ 4822 NW 96TH DRIVE CORAL SPRINGS, FLORIDA 33076

#### ARTICLE VI

# INCORPORATOR

The name and address of the person signing these Articles is:

SHELLEY KATZ 4822 NW 96TH DRIVE CORAL SPRINGS, FLORIDA 33076

# ARTICLE VII

# **POWERS**

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

# ARTICLE VIII

#### **INDEMNIFICATION**

The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

# **AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this \77 day of November

1996

STATE OF FLORIDA COUNTY OF BROWARD

appeared before me the undersigned authority, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same, freely and voluntarily for the purpose therein expressed.

Notary Public

ss: My Commission Expires:



CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

SHELLEY'S, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF CORAL SPRINGS, FLORIDA HAS NAMED SHELLEY KATZ LOCATED AT 4822 NW 96TH DRIVE, CORAL SPRINGS, FLORIDA 33076 AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

CORPORATE OFFICER

TITLE

DATE \\\

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

DATE

9616 . 17

LTOPAN TIVIS