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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

KEVIN'S

NAME: ROBERT'S FURNITURE INC.

AUDIT NUMBER.....H9700005343

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

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TALLAHASSEE, FLORIDA

K.R. APR - 2 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 1, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: ROBERT'S FURNITURE INC.
REF: W97000007559

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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The conflict is ROBERT FURNITURE COMPANY, document number P93000062647.

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If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala
Document Specialist Supervisor

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION
OF

KEVIN'S FURNITURE INC.

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

ARTICLE I NAME

The name of the corporation shall be:

KEVIN'S FURNITURE INC.

The principal place of business of this corporation shall be:

**2775 W 79 ST. Bay 5
HIALEAH, FL. 33012**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 SHARES X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Basic Accounting Service
692 W. 29 St. # 9
Hialeah, Fl 33012
(305) 887-4185

H97000005343

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

| | |
|---------------------|----------|
| ROBERTO L. MONSALVO | DIRECTOR |
| 6625 ARBOR DR. | |
| MIRAMAR, FL. 33023 | |
| MARIA MONSALVO | DIRECTOR |
| 6625 ARBOR DR. | |
| MIRAMAR, FL. 33023 | |

ARTICLE VI INCORPORATOR(S)

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

| | |
|---------------------|-----------------------|
| ROBERTO L. MONSALVO | PRESIDENT (50 SHARES) |
| 6625 ARBOR DR. | |
| MIRAMAR, FL. 33023 | |
| MARIA MONSALVO | SECRETARY & TREASURER |
| 6625 ARBOR DR. | |
| MIRAMAR, FL. 33023 | (50 SHARES) |

The undersigned has(have) executed these Article of Incorporation this 1st day of APRIL, 19 97.

Roberto Monsalvo
Signature/Title

Maria Monsalvo
Signature/Title

Signature/Title

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: _____

_____ KEVIN'S FURNITURE INC. _____

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

is _____ ROBERTO L. MONSALVO _____
(Name)

_____ 6625 ARBOR DR. _____

_____ (P. O. BOX NOT ACCEPTABLE) _____

_____ MIRAMAR, FL. 33023 _____

_____ (CITY/STATE/ZIP) _____

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

Roberto L. Monsalvo

DATE _____ APRIL 1, 1997 _____