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Charter Number Only

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97 APR -9 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALIDATION ONLY

4-8-97 Maureen

Frederick K. S.

Requestor's Name

814 Ponce de Leon Blvd

Address

Coral Gables, FL 33134

City

State

ZIP

Phone

445-7300 H

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****122.50 ****122.50

CORPORATION(S) NAME

"Ogun country furniture, Inc."



Empire Toll Free: 1-800-432-3028

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

| |
|----------------|
| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

CERTIFIED COPY

K.R. APR - 9 1997

RECEIVED
97 APR -9 AM 10:24
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
OF
"OGUN COUNTRY FURNITURE, INC."

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, with the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

ARTICLE ONE

NAME

The name of the corporation is "OGUN COUNTRY FURNITURE, INC."

ARTICLE TWO

CORPORATE DURATION

The duration of the corporation is perpetual.

ARTICLE THREE

PURPOSE OR PURPOSES

The general purposes for which the corporation is organized are:

1. To engage in the business of manufacture, purchase and sale of **furniture**

2. To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act or engage in any other trade or business which can, in the opinion of the board of directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.

3. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FOUR

CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is TWO HUNDRED. Such shares shall be of a single class, and shall be without par value.

ARTICLE FIVE

PRINCIPAL OFFICE AND AGENT

The street address of the initial principal office of the corporation is 13518 S.W. 113 Place, Miami, Fla. 33176; and the name of the initial registered agent at such address, is EDUARDO A. LISHNER.

ARTICLE SIX

DIRECTORS

The number of directors constituting the initial board of directors of the corporation are TWO. The names and addresses of each person who is to serve as a member of the initial board of director are:

| Name | Address |
|-----------------------------------|---|
| ESTEBAN ALVAREZ (President) | 13518 S.W. 113 Place Miami, Fla. 33176 |
| EDUARDO A. LISHNER (Secretary) | 13518 S.W. 113 Place Miami, Fla. 33176 |

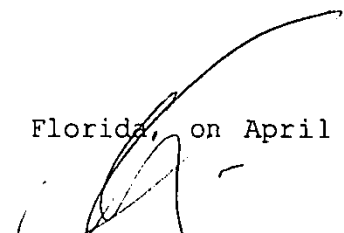
ARTICLE SEVEN

INCORPORATORS

The names and addresses of the incorporator are:

| Name | Address |
|-----------------------------------|---|
| EDUARDO A. LISHNER (Secretary) | 13518 S.W. 113 Place Miami, Fla. 33176 |

Executed by the undersigned at Miami, Florida, on April 4th., 1997



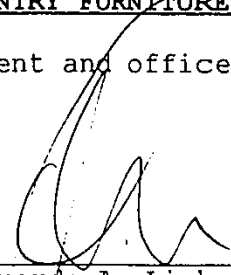
Eduardo A. Lishner

CERTIFICATE OF DESIGNATION
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: "OGUN COUNTRY FURNITURE, INC."
2. The name and address of the registered agent and office is:
EDUARDO A. LISHNER
13518 S.W. 113 Place
Miami, FL 33176

SIGNATURE



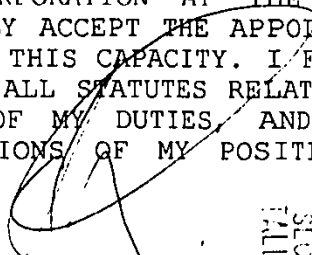
Eduardo A. Lishner
(corporate officer)

TITLE: Secretary

DATE: April 4th., 1997

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



Eduardo A. Lishner

Date: April 4th., 1997

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