Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #)300002146373; -04/17/97--01065--009 \*\*\*\*122.50 \*\*\*\*122.50 Pick up time Walk in Certified Copy Mail out Certificate of Status Will wait Photocopy NEW FILINGS AMENDMENTS Profit Amendment **NonProfit** Resignation of R.A., Officer/Director **Limited Liability** Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Compresions OUALIEICATIO **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Tredemark Other

Examiner's Initials

# TRANSMITTAL LETTER

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

| SUBJECT: ATLANTIC FURNITURE, INC. (Proposed corporate name - must include suffix) |                                  |                                       |   |  |  |  |  |  |  |  |
|---|----------------------------------|---------------------------------------|---|--|--|--|--|--|--|--|
| Enclosed is an original a   | nd one(1) copy of the article    | es of incorporation and a c           | heck for :  |  |  |  |  |  |  |  |
| S70.00 Filing Fee   | \$78.75 Filing Fee & Certificate | ☐\$122.50 Filing Fee & Certified Copy | \$131.25 Filing Fee, Certified Copy & Certificate |  |  |  |  |  |  |  |
|   |                                  | ADDITIONAL COPY REQUIRED              |   |  |  |  |  |  |  |  |
| FROM: RAF   | AEL MERCEDES                     |                                       |   |  |  |  |  |  |  |  |
|   | Name (Printe                     | ed or typed)                          |   |  |  |  |  |  |  |  |
|   | 2204 WEST 8                      | 3 CT                                  |   |  |  |  |  |  |  |  |
|   | Addı                             | ress                                  | <del></del>                                       |  |  |  |  |  |  |  |
|   | HIALEAH, FLORII                  |                                       |   |  |  |  |  |  |  |  |
|   | City, Stat                       | te & Zip                              |   |  |  |  |  |  |  |  |
|   | 9305) 885-006                    | 2                                     |   |  |  |  |  |  |  |  |
| <del></del>   | Daytime Telep                    | phone number                          | <del></del>                                       |  |  |  |  |  |  |  |

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

## ARTICLES OF INCORPORATION

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:

ATLANTIC FURNITURE, INC.

97 APR 17 PH 12: 48
SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

2204 WEST 8 CT HIALEAH, FLORIDA 33010

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
500 COMMON STOCK SHARES AT \$ 1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAFAEL MERCEDES 2204 WEST 8 CT HIALEAH, FL 33010

### 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):

RAFAEL MERCEDES 2204 WEST 8 CT HIALEAH, FL 33010

HERMAN E. RODRIGUEZ 1781 NW 23 ST APT 4 MIAMI, FL 33142

| The ur | ndersigned in  | corporator(s) ha | s(have) executed these Artic    | les of Incorporation this |
|--------|----------------|------------------|---------------------------------|---------------------------|
| 11     | day of _       | APRIL            | , 19 <u>97</u>                  | .•                        |
| (An ad | ditional artic | le must be added | d if an effective date is reque | sted.)                    |
|        |                | R                | = 3                             | -                         |
| •      |                |                  | Signature                       |                           |
|        | _              |                  | Signature                       |                           |
|        | _              | <del></del>      | 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_  | ATLANTIC FURNIT            | JRE, INC.                                 |             |         |  |
|----|--|----------------------------|---|-------------|---------|--|
| 2. | 2. The name and address of the registered agent and office is:  RAFAEL MERCEDES (NAME) |                            | SECRETARY OF STATE<br>TALLAHASSEF FLORIDA | 97 APR      |         |  |
|    |  |                            | ARY OF<br>VSSEF F                         | 17 PM       |         |  |
|    |  | 2204 WEST 8 CT             |   | STATE       | 112: 48 |  |
|    | (P. O  | . Box or Mail Drop Box NOT | ACCEPTABLE)                               | p           | _       |  |
|    |  | HIALEAH, FL 3              | 3010                                      | <del></del> |         |  |

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) APRIL 11, 1997 (Date)