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Charter Number Only

Broward Review
Requestor's Name

Address

City State ZIP Phone

VALIDATION ONLY

FILED
97 JUN 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

RYANS

Byans Custom Upholstery,

Inc

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*****122.50 ****122.

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|----------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Mark | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Empire Toll Free: 1-800-432-3028

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K.R. JUN 10 1997

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ARTICLES OF INCORPORATION

of
RYANS CUSTOM UPHOLSTERY, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

RYANS CUSTOM UPHOLSTERY, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED shares (100) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>KATHLEEN M. RYAN</u>		
ADDRESS	<u>942 S. Deerfield Avenue</u>		
CITY	<u>Deerfield Beach</u>	FLORIDA	ZIP <u>33441</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>KATHLEEN M. RYAN</u>		
ADDRESS	<u>942 S. Deerfield Avenue</u>		
CITY	<u>Deerfield Beach</u>	FLORIDA	ZIP <u>33441</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors 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 (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>KATHLEEN M. RYAN</u>		
ADDRESS	<u>840 N.W. 47th Street</u>		
CITY	<u>Fort Lauderdale</u>	STATE <u>Florida</u>	ZIP <u>33304</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	KATHLEEN M. RYAN		
ADDRESS	840 N.W. 47 th STREET.		
CITY	POMPANO BEACH,	STATE	FLORIDA.
			ZIP 33062
NAME			
ADDRESS			
		STATE	ZIP
NAME			
ADDRESS			
		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 6th day of June, 1997.

Kathleen M. Ryan (Seal)

____ (Seal)

____ (Seal)

STATE OF FLORIDA)
COUNTY OF _____) SS

I, _____, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that _____ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this _____ day of _____, 19____.

(Notary Seal)

(Notary Public, State of Florida at Large)
My Commission expires _____

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

RYANS CUSTOM UPHOLSTERY, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 942 S. DEERFIELD AVENUE

DEERFIELD BEACH, FLORIDA 33441

has named KATHLEEN M. RYAN

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Kathleen M. Ryan
(registered agent)