# P97000055831

TRANSMITTAL LETTER

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



T2	IRI	F.C	T:	

Schnoside Fuenture, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

**-¥≦** \$70.00

Filing Fee

\$78.75 Filing Fee

& Certificate

**\$122.50** 

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: PATRICIA & ACK. Er

Name (Printed or typed)

2811 GUIF BREEZE Parkway

GUIF BREEZE, Fla. 32561

904-934-0620

Daytime Telephone number

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



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

June 18, 1997

PATRICIA E. ACKER 2811 GULF BREEZE PKWY. GULF BREEZE, FL 32561

SUBJECT: SOUNDSIDE FURNITURE, INC.

Ref. Number: W97000014261

We have received your document for SOUNDSIDE FURNITURE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 487-6995.

Wanda Sampson Document Specialist

Letter Number: 597A00032537

#### 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:	•	밀
Soundside	Furniture, INC.	SECTION 97 JUN
		1 / F
	CIPAL OFFICE	_ <b>Ξ</b>
The principal place of business and mailing address of	f this corporation shall be:	- RE
2811 Guif b	reeze Parkway	AN II: 30
QUIF BREEZE	, 4COCIDA 32561	Ŋ

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares - mo gan value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

PATRICIA E. Acker 2811 GUIF BREEZE Parkway Coulf Breeze, Tla 32561

## ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to the	iese Articles of Incorporation is(are)
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PATRICIA & acher - President 322 Stanford Rd QUIF Breeze, Fla 32651	
3222 Stanford Rd	
QUIF Breeze, fla 32651	
RAVID S. Acker - Vice Presolut 3222 Stanfold Rd GUIF Breeze, Alg 32561	
DANA N. Acker - Secty-Treas. 3222 Stanfold ld GUIF Breeze, Bla 32541	
Gulf Breeze, Sla 32541	

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13 day of June, 19 97.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

Signature

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:	Soundoire Furnitur	e Frc
2. The name and address of the reg	zistered agent and office is:	DIVIS 97
PATR	101a E Acker	CRETARY LJUN 17
2811 (P.O.)	Gulf breeze Parkway BOX OT MAIL Drop BOX NOT ACCEPTABLE)	AN 11:30
GuiF	6 Mele e fla 32561	RATIONS 11:30

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.

Colucia C. John (SIGNATURE) (DATE)