97 JUL 23 PM 12: 01.

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

TALLAHASSEE, FLORIDA

FURNITURE CONTICK POMBROKE PINES Proposed corporate name - must include suffix) SUBJECT:

400002244884---07/23/97--01045--012

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

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: ALEXANDER JACKSON
Name (Printed or typed)

NTN02 4081 COUNTY C DRIVE

PUM ARMU

0 NL4

NOW

Daytime Telephone number

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

ARTICLES	OF	INCORPO	ORATION

97 JUL 23 PH 12: 01

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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The name of the corporation shall be:

FURNITURE COSTICN

ROOM! FOR LESS INC - PEMBROKE HORS

#### ARTICLE II PRINCIPAL OFFICE

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

1800 SOUTH OCKIN BLYE SUITE 1004

PUMPAIN BEACH 3300

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

SHAGKS

NO PAR COMMUN

## INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MUZZICAT JACICZON

1800 SUITH OCEN BRIVE SUITE 1004

POMPANA BOACH FL 33062

# INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

NEXAMON TACKEUN

1800 SU OCTAIL BLVD SUITE 1004

PUMPANIO BERON PL 3306L

Signature/Incorporator

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

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/Registered Agent alway