<u>Sandra</u> Re	Donaldson questor's Name	03850
	192 Ave. Address Pines, FL 33029 Zip Phone#	000002519100- -05/179801123(****122.50 *****12
	Zip 'Phone #' NAME(S) & DOCUMENT NUM	Office Use Only (BER(S), (if known):
1(Corp	oration Name) (Doo	cument #)
2(Corr	oration Name) (Doc	
		cument #)
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☐ Walk in	Pick up time	Certified Copy
	Will wait Photocopy	1.5
NEW FILINGS	AMENDMENTS	ALLX SECR
Profit	Amendment	— KITA DE T
NonProfit	Resignation of R.A., Officer/Direct	SSEE,
Limited Liability	Change of Registered Agent	코깅 홈 C
Domestication	Dissolution/Withdrawal	9: 45 STATE LORIDA
Other	Merger	D. O
OTHER FILINGS Annual Report	REGISTRATION QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	•
·	Trademark	-

Examiner's Initials (M7-21-98



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 13, 1998

SANDRA DONALDSON 338 SW 192 AVE. PEMBROKE PINES, FL 33029

SUBJECT: HOME ACCENTS, INC. Ref. Number: W98000010912

We have received your document for HOME ACCENTS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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 (850) 487-6878.

John Nedeau Document Specialist

Letter Number: 898A00026605



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: EVERY NOOK & CRANNY, INC.

ARTICLE II PRINCIPAL OFFICE

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

338 SW 192 Avenue Pembroke Pines, Fl 33029.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

Sandra Donaldson

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sandra Donaldson	
338 SW 192 Avenue	
Pembroke Pines, FI 33029	

ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Sandra Donaldson

338 SW 192 Avenue

Pembroke Pines, Fl 33029

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 14th day of July, 1998.

Signature

Signature

Signature

Sworn to and subscribed to me this 14th day of July,1998

Notary Public

OFFICIAL NOTARY SZAŁ D V MARSH COMMESSION NO. CCESSOS

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 o	corporation	is:	EVERY	NOOK	&	CRANNY,	INC.
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2. The name and address of the registered agent and office is:	SE:C	98	
Sandra Donaldson	RETA		7
338 SW 192 Avenue	RY OF	21 A	
Pembroke Pines, Fl 33029.	STAT	7 iS	U
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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 and accept the obligations of my position as registered agent.

Signature

Date