

P 99000002018

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**  
**BABY'S TWO CONSIGNMENT AND FURNITURE INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION  
OF

BABY'S TWO CONSIGNMENT AND FURNITURE INC.

ARTICLE I NAME

The name of the corporation shall be:  
BABY'S TWO CONSIGNMENT AND FURNITURE INC.

ARTICLE II PRINCIPAL OFFICE

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

1724 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FLORIDA 34952

ARTICLE III CAPITAL STOCK

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

100 (ONE HUNDRED) SHARES

Prepared by:  
Triple Check Income Tax Service  
2506 Delaware Ave  
Ft Pierce FL 34947  
(561) 461-5987

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TALLAHASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CAROL HERKLOTZ

555 SE ESSEX DRIVE

PORT ST LUCIE, FL 34984

ARTICLE V INCORPORATOR

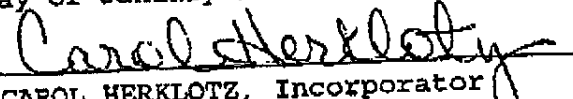
The name and street address of the incorporator to these Articles of Incorporation is:

CAROL HERKLOTZ

555 SE ESSEX DRIVE

PORT ST LUCIE, FL 34984

The undersigned has executed these Articles of Incorporation this 7th day of January 1999.

  
CAROL HERKLOTZ, Incorporator

**CERTIFICATE OF DESIGNATION**  
**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:

BABY'S TWO CONSIGNMENT AND FURNITURE INC.

2. The name and address of the registered agent and office is:

CAROL HERKLOTZ

555 SE ESSEX DRIVE

PORT ST LUCIE, FL 34984

Signature: Carol Herklotz

PRESIDENT

Title: President

Date: Jan. 7, 1999

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: Carol Herklotz

Date: 1/7/99

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TALLAHASSEE, FLORIDA

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