Approved As A Sinter Doziers 100 Engenter Delray Beach City/State/Zip		-01/11/9901123019 ****122.50 *****78.75
1. Hon Jane (Corporate	ion Name) DOCUMENT NUMBER(S), (i	Supplies, Calo
4. (Corporat	ion Name) (Document #) ion Name) (Document #)	DIVISION OF CORPO
		iffied Copy ifficate of Status
☐ Mail out ☐ v	Vill wait Photocopy Cert	iffied Copy ifficate of Status
Mail out V	Vill wait Photocopy Cert	
Mail out NEW FILINGS Profit	Vill wait Photocopy Cert AMENDMENTS Amendment	
Mail out NEW FILINGS Profit NonProfit	AMENDMENTS Amendment Resignation of R.A., Officer/ Director	
Mail out NEW-FILINGS Profit NonProfit Limited Liability	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	
Mail out NEW-FILINGS Profit NonProfit	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal	
Mail out NEW-FILINGS Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	
Mail out NEW-FILINGS Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement	

CR2E031(1/95)

D. BROWN JAN 1 4 1999

Examiner's Initials

DIVISION OF THE DESTATE STATE PARTIES 26

CERTIFICATE OF INCORPORATION

OF

Pompano's Best Hardware and Supplies, Inc.

WE, the undersigned hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I.

The name of the corporation shall be:
Pompano's Best Hardware and Supplies, Inc.

ARTICLE II.

The general nature of the business and objects and purposes proposed to be transacted and carried on, are to do any and all activities or businesses permitted under the laws of the United States and of this State, as fully and to the same extent as natural persons might or could do.

To carry on the business of selling retail and wholesale all types of hardware, building materials and all related items etc., and to all other matters relating to the above.

ARTICLE III.

CAPITAL STOCK

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time shall be One thousand (1,000)(common) shares of one cent (.01) par value.

ARTICLE IV.

AMOUNT OF CAPITAL TO BEGIN BUSINESS WITH

The amount of capital with which this corporation shall commence business is Five Hundred (\$500.00) Dollars.

ARTICLE V.

EXISTENCE OF CORPORATION

The existence of this corporation shall be perpetual unless sooner dissolved according to law.

ARTICLE VI.

PRINCIPAL PLACE OF BUSINESS

The principal place of business of the corporation shall be located at 224 N. Federal Hwy., Pompano Beach, Florida 33062 and the mailing address shall be the same.

an.

ARTICLE VII.

NUMBER OF DIRECTORS

The number of directors of this corporation shall be no less than one (1).

ARTICLE VIII.

The names and post office addresses of the first Board of Directors and officers of this corporation shall be: Susan Shulman Cote-6948 N.W. 9th Ct., Margate, Florida 33063.

The names and post office addresses of each subscriber and the number of shares of stock which each agrees to take are:

Susan Shulman Cote 6948 N.W. 9th Ct., Margate, Florida 33063.

(100%).

ARTICLE X.

The directors of this corporation, in addition to the powers conferred by the laws of the State of Florida, shall have the power to make, alter, amend and repeal the By-laws, and to set apart, out of any of the funds of the corporation available for dividends, a reserve or reserves for any proper purpose, and to alter or abolish such reserve.

The corporation reserves the right to amend, alter, change, or repeal any provisions contained in this Certificate of Incorporation, in any manner now or thereafter prescribed by law, and all rights conferred on officers, directors and stockholders herein are granted subject to this reserve.

ARTICLE XI.

REGISTERED AGENT

The street address of the initial registered office of this corporation is: 224 N.Federal Hwy., Pompano Beach, Florida 33062.

The initial registered agent is: Susan Shulman Cote
I hereby am familiar with and accept the duties and responsibilities as
registered agent for said corporation.

Susan Shulman Cote

Junan Julman Late 46-99

Incorporator-Susan Shulman Cote --Date

IN WITNESS WHEREOF, we have hereunto set our hands this

day of

.1999

state of florida))ss. county of Broward)

BEFORE ME, the undersigned authority, authorized to administer oaths and take acknowledgements, personally appeared Susan Shulman Cote , to me well known to be the persons described in and who executed the foregoing Certificate of Incorporation, and they acknowledged before me, each for himself and not one for the other, that they executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Brow ARD County, Florida this 6th day of January 1999.

House Of Strekwing NOTARY PUBLIC

Laura A. Blackwood MY COMMISSION # CC639399 EXPIRES May 24, 2001 BONDED THRU TROY FAIN INSURANCE, INC.

My Commission Expires:

Known personally by bme