

TRANSMITTAL LETTER

P 990000 14377

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

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-02/11/99--01053--004
*****78.75 *****78.75

SUBJECT: BEST FOR LESS FURNITURE, 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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LEWIS C. ORRELL
Name (Printed or typed)

19874 LATONA PLACE
Address

BOCA RATON, FL 33434
City, State & Zip

(954) 418-8755
Daytime Telephone number

F. CHESSEB FEB 15 1999

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

BEST FOR LESS FURNITURE, INC.

ARTICLE II PRINCIPAL OFFICE

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

5333 N. DIXIE HWY
POMPANO BEACH, FL 33064

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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



LEWIS C. ORRELL
19874 LATONA PL
BOCA RATON, FL 33434

ARTICLE V INCORPORATOR

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

1- LEWIS C. ORRELL
19874 LATONA PL
BOCA RATON, FL 33434

2- HERMAN ORELHOMME
2901 NE 7TH AVE
POMPANO, FL 33064

Signature/Incorporator

01-12-99

Date

(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

01-12-99

Date

FILED
99 FEB 11 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA