TRANSMITTAL LETTER Department of State 1000004205/

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

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FURNITURE MEDIC BY RON MITCHELL, 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

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: PADGETT BUSINESS SERVICES

Name (Printed or typed)

45 WEST TARPON AVENUE

Address

TARPON SPRINGS, FL 34689

City, State & Zip

(727) 934-7759

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

Daytime Telephone number

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:

FURNITURE MEDIC BY RON MITCHELL, INC.

ARTICLE II PRINCIPAL OFFICE

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

1496 RIVER OAKS DRIVE TARPON SPRINGS, FL 34689

ARTICLE III SHARES

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

FIVE-HUNDRED (500) SHARES COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

RONALD E. MITCHELL 1496 RIVER OAKS DRIVE TARPON SPRINGS, FL 34689

ARTICLE V INCORPORATOR

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

RONALD E. MITCHELL 1496 RIVER OAKS DRIVE TARPON SPRINGS, FL 34689 9 MAY -5 AM ID: 4

CRETARY OF STATE

LLAHASSEE, FLORID

Signature/Incorporator

APRIL 30, 1999

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

APRIL 30, 1999

Date