19900064614 TRANSMITTAL LETTER

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

500002930366--C 507/13799--01074--015 \*\*\*\*\*122.50 \*\*\*\*\*\*78.75

SUBJECT: US	(Proposed corporate na	me - must include suffix)	R Inc.
Enclosed is an <u>original a</u> \$70.00 Filing Fee	and one (1) copy of the ar \$78.75 Filing Fee	ticles of incorporation and a	<b>□</b> \$131.25
	& Certificate & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy
FROM:	PETER A. Name (Print	FORTE ed or typed)	99
	311 SE	5 AVE	99 JUL

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

954-785-5870 Daytime Telephone number

# ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation:

### ARTICLE I

Name

The name of the corporation shall be:

ORIGINAL PULL OUT DRAWER TAC.

### ARTICLE II

Principal place of business and mailing address

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

BINSE 5 AVE POMPATO BEACH FL. 33060 311 SE 5 AVE



## ARTICLE III

SHARES

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

100

### ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

VOTED ON BY DIRECTORS

#### ARTICLE V

Initial registered agent and street address

The name and the street address of the initial registered agent is:

#### ARTICLE VI

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

PETER A. FORTE PRES.

311 SE S AVE POMPANO BEACH FL 33060

MARY ANN FORTE SEC. 34 SE SAVE

Pompano BEARLY FL 33060

The undersigned incorporator has executed these Articles of Incorporation this \_ q day of \_

JUM , 19 99 .

(An additional article must be added if an effective date is requested)

Signature of Incorporator:

PETER A. FORTE
Typed name of incorporator signing

Notarization is not required

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 667.0301, 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:
ORIGINAL PULL OUT DRAWER INC.
2. The name and address of the registered agent and office is:
PETER A. FORTE (NAME)
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
Pomparo BEACH FL 33060 (CITY/STATE/ZIP)
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.