TRANSITIAL LIPTER 82150

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

200002985132--4 *****78.75 *****78.75

SUBJECT:	MICHAEL	Allstinl	INTERIORS INC.
		(Proposed corporate	e 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

& Certified Copy

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Name (Printed or typed)	The second secon		1 4 54
	4000 NO. AIA #801 Address	SEGRE IARY TALLAHASSE	9 SEF	With the same
	FT. PIERCE FL 34949 Ofty. State & Zip	SEE FLORI		
	561-4660509	D	on · · · · · ·	.:= <u>.</u> .

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:

Michael Austin Interiors, Inc.

99 SEP 13 AM 9: 16
SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

1217 South Military Trail Suite - F West Palm Beach, Florida 33415

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dorothy B. Zaharako, CPA 4000 No A1A #801 Ft. Pierce, Florida 34949

ARTICLE V INCORPORATOR

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

Dorothy B. Zaharako, CPA 4000 No A1A #801 Ft. Pierce, Florida 34949

Signature / Incorporator

7 // 7

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

Date