M900 TYANSMITTAILLE TIER 65

Chucks Bedding Outlet of W. Fla. Enc.
(Proposed corporate name - must include suffix)

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

800003016558--5 -10/18/99--01064--015 *****78.75 ******78.75

closed is an origin	al and one(1) copy of the artic	les of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Charles Mu	Over- Printed or typed)		l
	554 Har	Vi Son Aux Address	99 OCT 18 SECRETAR TALLAHASS	. 4
	Okange Partine 7	State & Zip A 7 3 Telephone number	TARY OF STATE ASSEE, FLORID	

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

OOT 0 1 1999

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. 990C7
The name of the corporation shall be: Chucks Bedding Outlet AHARY AMILE
04 M. Fle. Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
Orange Park Fl 32065
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Charles McQueen
554 Harrison Aue Orange Park Fl. 32065
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Charles McOvern
1554 Harrison Aue Orange Park F1. 32065
10/13/49
Signature/Incorporator 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

Date